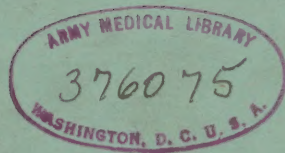


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MANUAL FOR TEACHERS



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VD MANUAL FOR TEACHERS

Prepared by

VENEREAL DISEASE DIVISION
Board of Health

DIVISION OF HEALTH EDUCATION
Department of Public Instruction

Territory of Hawaii (Terr.) Board of Health.
- 1944 - "Venereal Disease Division"

JUNE JOHNSON, School Health
Education Administrator of
the Board of Health; SAMUEL
D. ALLISON, M. D., Venereal
Disease Control Officer of
the Board of Health; W. TATE
ROBINSON, Director, Health
Education, Department of
Public Instruction; ELMER
J. ANDERSON, Acting Director
Public Health Education of
the Board of Health.

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Venereal disease (Large)
Hawaii. Board of health

Prepared by

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CONTENTS

	Page Number
I. THE VD PROGRAM	1
II. VD INFORMATION	15
Venereal Diseases	15
Syphilis	15
Gonorrhea	33
References	41
III. TEACHING AIDS	45
Suggested Outline	45
Some Representative Questions	46
Suggested Tests	49
Lantern Slides	57
Films	58
Poster Facts	66
Transcriptions	69
Radio Talks	76

THE VD PROGRAM

Foreword

The VD program, as planned for the secondary schools of Hawaii, represents a coordinated effort on the part of several agencies--particularly the Territorial Board of Health and the Department of Public Instruction. Previous to 1943, there was no well-defined VD program in existence in the schools although VD work was done by individual teachers in a few scattered instances. A few schools had already incorporated VD work in their school programs, but taken as a whole, Hawaii could be said to be new territory for VD work.

Because there has been so little teaching of this subject, it is likely that the prepared material will be more readily acceptable, especially since the material now presented has the dual advantages of supervision and checking by the Division of Health Education of the Department of Public Instruction and the Venereal Disease Control Division of the Board of Health. The program here presented has been built upon the best philosophies and practices known in the United States.

To summarize the attention paid to VD:

1942-43 was the first year "or groundbreaking year" when the Venereal Disease Control Officer in a series of lectures to school faculties focused attention on the problem.

1943-44 was the second or preparatory year when school contacts were made and tentative materials were prepared.

1944-45 is the third year when, with better equipment, the program will be directed toward the Territory's young people, both on the high school level and to a certain extent on the intermediate level.

Introduction

The School VD Program

Where in the school program should VD be taught?

The presentation of venereal disease educational work will vary somewhat according to the school set-up, curriculum and other modifying circumstances. Two criteria should be met:—the school administration should plan to include this work so that it is effective and will reach most of the students before they leave school to participate in community life.

The most logical place for VD work and the one best suited by teacher training in method and subject matter is in the science or health education program. However, some modification or deviation will have to be made in certain schools because of local situations. Experiments carried out in some schools this past year have shown that VD work may be taught successfully in departments ordinarily thought to be foreign to health teaching as, for example, English.

The teacher is the key to the success or failure of the work. The students' reception and reaction to VD instruction will be dependent upon the teacher's knowledge of the subject, her understanding and appreciation of the problem, and her attitude toward it.

Staff education along general lines is valuable first as a means of acquainting the school faculty with the scope of the problem and then the need for educational attention to be paid to it. Staff education, along specific departmental lines for those who will do the classroom work, must necessarily be of a different nature. Component

parts of VD instruction are the accumulation of a sound informational background, acquaintance with the available teaching aids, and the development of effective teaching procedures. The following pages are offered as suggested aids to the teacher handling VD work. Of necessity, more material is included than would be used by a single teacher, so as to appeal to all tastes and situations. It is not meant to create confusion or cause dismay by inferring that all of the material in this manual must be used.

Objectives of the VD Educational Program

1. To inform students concerning the nature and seriousness of these diseases.
2. To develop a sound scientific understanding and better attitude toward the problem of venereal diseases.
3. To acquaint students with the community program, agencies and resources for the diagnosis, treatment and control of these diseases.
4. To develop the concept that the venereal diseases are communicable diseases, to be considered in the same manner as other communicable diseases as, for instance, TB.
5. To work towards divorcing these diseases from such biases as "sinful attitudes, hush-hush, and sex."
6. To develop attitudes favorable for physical examinations, including a blood test.
7. To develop attitudes against promiscuous sex relations.

8. To develop an understanding that venereal diseases are preventable, communicable, controllable, and curable.
9. To show our youth that venereal diseases are diseases of young adulthood.
10. To show our youth that venereal diseases are costly to the nation and, in these days, ones that seriously hamper our war effort.
11. To develop an understanding that these diseases can be diagnosed and treated only by physicians, and to develop an attitude against quackery.
12. To gain support for programs aimed at controlling and preventing these diseases, such as premarital laws and repression of prostitution.
13. To develop an appreciation of the value of health with respect to freedom from venereal disease in marriage and parenthood.
14. To inculcate a sense of personal responsibility either as a patient or as a citizen towards oneself and others with respect to venereal disease.
15. To correlate the program so that venereal disease education will become an integral part of the communicable disease work in health education.

The Whole School Program in VD

MORE EFFECTIVE	LESS EFFECTIVE
<p>Teaching VD as an integral part of the work in communicable diseases, and correlating it with the school health education program.</p>	<p>Using sex education alone to present the work in VD.</p> <p>Note: Sex education should stress the normal, desirable relationships between the sexes; VD is an abnormal, undesirable aspect of sex relationships.</p>
<p>Handling the school program in venereal diseases by the science or health teachers.</p>	<p>Presenting of venereal disease work entirely through lectures by outside persons, as doctors and nurses.</p>
<p>Allowing sufficient time for adequate presentation.</p>	<p>One easy lesson.</p>
<p>Planning the school program so that most of the students are reached before leaving school.</p>	<p>Inserting the work in the school program with the result that only a small percentage of students is reached.</p>

Some Criteria of VD Teaching in the Classroom

MORE EFFECTIVE	LESS EFFECTIVE
<p>Thorough knowledge of the facts so as to present sound and accepted scientific information and to correct misinformation or exaggerated notions.</p>	<p>Uncertainty concerning basic facts or retention of "old wives' tales" and erroneous information about VD.</p>
<p>Presentation of a well-rounded, overall picture to students, with attention paid to <u>both</u> syphilis and gonorrhea, pointing out their parallel aspects.</p>	<p>Sketchy, incomplete and partial consideration of the diseases either together or separately.</p>
<p>Presentation of the VD problem so that it is clear and restricted to essentials.</p>	<p>Omission of some essentials or presentation of a too detailed, technical, or clinical picture which may prove confusing to the students.</p>
<p>Viewing the venereal diseases in the same light as other communicable diseases.</p>	<p>Perpetuating prejudices by teaching that venereal diseases are "disgraceful" and "sinful."</p>

Some Criteria of VD Teaching in the Classroom (Continued)

MORE EFFECTIVE	LESS EFFECTIVE
<p>Stressing the more hopeful aspects of the VD problem, that it is a preventable, controllable and curable one.</p>	<p>Use of "fear" or "scare" psychology. The overstressing of morbid or clinical aspects.</p> <p>Note: This method has not proved an effective deterrent and what is more, it may result in syphilophobia in which condition a person thinks that every cold sore or pimple is a possible VD.</p>
<p>Unemotional presentation --</p> <p>"There is no need for melodrama; the facts are dramatic enough in themselves."</p> <p>--N. A. Nelson & G. Crain</p>	<p>Overdramatization --</p> <p>"Overdramatization leaves the impression that the whole subject has been exaggerated."</p> <p>--N. A. Nelson & G. Crain</p>
<p>Alertness in linking and substituting scientific VD terms for the colloquial ones already possessed by students as, for example, "clap" may be a disease known to students whereas "gonorrhea" is an unknown one.</p>	<p>Presentation of such "gutter" or vulgar terms so as to create an unfavorable attitude in the students and to bring community criticism on the school program.</p>

Some Criteria of VD Teaching in the Classroom (Continued)

MORE EFFECTIVE	LESS EFFECTIVE
A careful selection from available materials for class presentation with attention paid to effectiveness for the particular group and situation concerned.	Indiscriminate use of any or all VD materials with no attention paid to class abilities and limitations.
Consideration of the problem as a community and individual one with responsibilities to be assumed by all citizens as well as those that may become infected.	Teaching wholly from the angle that the students may be future patients.

Correlation of Work in Venereal Diseases
With Various School Departments

The most logical and recommended place to teach VD in a school program is as a topic in a unit on communicable disease in a science or health course. In this way, it becomes a part of the school program in its natural setting and has the desirable features of consideration from the public health angle and requires but little additional training in VD facts by the teacher personnel. The teaching force, as a whole, is more likely to accept the inclusion of venereal disease education into

the school program as under these conditions it would more likely be treated scientifically and unemotionally. It is the consensus of health educators that venereal disease work should become a regular part of the health education program of the school.

At times it may be desirable and necessary to include other departments of the school by correlating activities that have a bearing on venereal disease education.

In Chemistry, attention may be drawn to the way a scientist works as shown by Ehrlich's 606 experiments resulting in salvarsan; the sulfa drugs; Fleming's work on penicillin; and others.

In Social Studies, the community and governmental aspects of control and the study of existing and proposed laws may be studied.

In English classes, themes on various phases or topics of venereal diseases might be written and books such as "Microbe Hunters," "Men Against Death," "Idols and Invalids," "Ghosts," by Ibsen, and the autobiography of Benvenuto Cellini are some that have VD references that could be used for outside reading and reports.

In Art classes, posters, charts and graphs for school use might be reproduced or original designs created.

In Shop classes, displays and exhibits might be made. Mechanical drawing classes could do the lettering for such a project.

In Mathematics, graphs and statistics of various sorts might be utilized in problem work.

In Homemaking, classes can stress the value of health for happy home life, with venereal diseases exposed as a prime destroyer.

The school paper can run articles written by students.

Photography classes can make lantern slides and film strips.

Dramatics classes can reproduce radio broadcasts dealing with VD and also write original ones for school assemblies or for presentation over public address systems. With a recording machine, transcriptions for classroom use can be made.

Physical Education classes can stress the "Keep Physically Fit" theme with the complete physical examination including blood test.

While the science and health classes are usually most suitable for VD instruction, all departments or any special one can carry out certain phases of venereal disease education.

Suggested Supplementary Activities for the Classroom

1. Use of films, slides, radio transcriptions and other recordings which may be obtained from the health department.
2. Use of local speakers, as doctors and nurses.
3. Attention paid to National Social Hygiene Day -- the first Wednesday in February of each year.
4. Making of scrapbooks of newspaper references on venereal diseases.
5. Special reports such as biographies of men who have contributed to our knowledge of venereal diseases.

6. Collection of data on various phases of the local venereal disease problem.
7. Setting up exhibits.
8. Panel discussions.
9. Quiz programs.
10. Reproducing mainland or local radio programs on venereal diseases or writing original ones.
11. Theme writing on some particular topic of the venereal disease problem.
12. Locating superstitions and erroneous information on venereal disease.
13. Developing contrasting items as facts and fallacies on venereal disease.
14. Critical examination of current magazine and newspaper articles on venereal diseases with respect to their scientific worth and accuracy.
15. Preparation of charts and graphs such as bar and rotary sector ones to display statistics.
16. Preparation of articles for the school newspaper.
17. Book reports as "Microbe Hunters," "Men Against Death," and others dealing with phases of VD.
18. Serological tests either on a large scale survey basis, as all-school or all-class, or on a small scale within the classroom for demonstration purposes. The serological test on either the intermediate or senior high school level should not be thought of as a case-finding device. Rather, the blood test should be used as a means of arousing initial interest or as a climax to the VD work. It

is not educational in itself but must be made so by the teacher. It is a rather expensive and time-consuming method so if it is used at all, it must be made educational.

Attention to VD Programs on Two Levels

In the division of material and attention paid to VD on the intermediate and senior high school levels, certain considerations need to be borne in mind.

The VD Program in the Intermediate School

If a very complete and thorough presentation is given in the intermediate school, the repetition of the same material later in the senior high school will lead to justifiable criticism and complaints by the students. The immaturity of the students should be considered and the presentation restricted to a brief coverage of the essential facts with attention paid to simplicity.

It is felt that the booklet on venereal diseases designed for the intermediate student, as a rule, will suffice. The teacher can use whatever classroom method and aids she prefers to project the work with attention paid to the abilities and interests of the group.

Why should any attention be paid to the venereal diseases on the intermediate level? A number of students do not continue on to the senior high school. Many of these students will be those who will need this information. Experimental studies in certain island intermediate schools show that VD work can be successfully included in the science work of the school.

The VD Program in the Senior High School

On the senior high school level, a wider choice of materials can be used and the entire subject can be expanded. A greater use of visual aids and other supplementary measures is indicated as more time is likely to be allowed in the course for the work in VD. The vista of the possibilities is limited only by the capabilities of the students, and the teacher's own particular interests in the presentation.

As high school students are more mature and approaching the age when there will be a greater interest in community and personal problems, the booklet designed for the senior high school student necessarily includes more material than the one for the intermediate student.

VD INFORMATION

Venereal Diseases

The venereal diseases are very serious communicable diseases spread usually by intimate body contact. The most common ones found in Hawaii are syphilis and gonorrhea. Other ones, uncommon to Hawaii, are chancroid, granuloma inguinale, and lymphogranuloma venereum.

Each of these diseases is a separate and distinct disease with its own cause, symptoms, diagnosis, and treatment. A person may have one or more of these diseases at one time. Having these diseases once does not insure the person against contracting them in the future. Immunity against them is almost nonexistent.

The point in common about these five diseases and the reason they are called "venereal" is their mode of transmission, usually that of sex contact.

Syphilis

History:

1493 - Columbus' sailors were treated in Barcelona, Spain for a "new" disease contracted from the women of the West Indies.

There was no previous historical or scientific evidence as to the presence of syphilis in Europe before then.

1494 - The disease spread from infected Spanish soldiers to the army of Charles VIII while in Italy, then to France, when he returned there, and finally to the whole of Europe.

1495 - Emperor Maximilian I called the disease "the evil pox."

The disease was known as the "French disease," the "Portu-

guese disease," the "Neopolitan disease" and a number of other names. Each country blamed its enemy and named the disease after it. From 1495 on, the disease swept Europe as a plague. It is interesting to note that the medical term for syphilis is lues, which means plague.

- 1530 - Fracaster published his poem, "Syphilis sive Morbus Gallicus" (Syphilis or the French Disease) in which a shepherd named Syphilis was afflicted with the disease. Since that time, syphilis has become the name generally used for the disease.
- 1786 - Hunter, an English surgeon, inoculated himself and "proved" that gonorrhea and syphilis were but variations of the same disease. So for fifty years, the two diseases were erroneously thought of as one disease.
- 1831 - Ricord, a French physician, proved that Hunter's premise was false. Syphilis and gonorrhea were shown to be two separate and distinct diseases.
- 1901 - Bordet, a Belgian bacteriologist, with Gengou, a French bacteriologist, discovered the principle of "complement fixation."
- 1903 - Metchnikoff, a Russian biologist, and Roux, a French bacteriologist, transferred syphilis to a chimpanzee.
- 1905 - Schaudinn and Hoffmann, German scientists, discovered the cause of syphilis, Treponema pallidum.
- 1907 - Wassermann, a German scientist, used the principle of "com-

plement fixation" and worked out his blood test for the disease.

1910 - Ehrlich, a German scientist, after 605 experiments, found that salvarsan, an arsenical compound, was effective in treatment of the disease. Salvarsan became known popularly as 606.

1917-- Wagner-Jauregg, a Viennese physician, used the fever of malaria as a means of treating the insanity caused by syphilis.

1921 - Levaditi, a French scientist, used bismuth as part of the treatment of syphilis.

Since then--

Walter Simpson, an American doctor, and Charles Kettering of General Motors Corporation developed the "fever" machine which gives an artificial fever which is used as a supplemental treatment for the insanity caused by late syphilis.

The original serological test has been modified and other blood tests have been devised by a number of men as Kolmer, Kline, Kahn, Eagle and Hinton.

The original treatment with salvarsan has also been modified. New arsenical and bismuth drugs are now in use.

So, in the long search for the treatment, diagnosis, and cure of the "Great Pox," scientists from many nations have made contributions toward the control of this one-time dread disease.

Syphilis

Syphilis is a very serious disease which, in the early years of its course if it is untreated, is extremely contagious, but subsides in about five years into a chronic, noncommunicable disease. It pursues a very insidious and variable course in its victims, producing symptoms and effects imitative of many other diseases. For example, there are at least 40 skin diseases which secondary syphilis may resemble.

Cause: Treponema pallidum or Spirochaeta pallida. Description of the organism: It is a corkscrew shaped, microscopic organism with 5 - 20 spirals, motile, very delicate, and easily killed by drying and mild antiseptics. However, when it once enters the body, it becomes a very stubborn and resistant organism. It cannot be stained very successfully, hence, the usual method of staining for observation cannot be used in diagnosis. In the chancre stage of early syphilis the presence of the living organism is shown by means of the darkfield microscopic attachment. The biological characteristics of the organism are such that it can be acquired only through intimate contact such as sex relations or kissing. The organism may attack any part of the body, although it more frequently attacks the cardiovascular system and central nervous system.

Note: Schaudinn first called the organism, Spirochaeta pallida. Today, the classification of the organism as Treponema pallidum is favored.

Spread: Syphilis is:

- most generally spread by close and intimate body contact as sexual intercourse and kissing.

- often spread in marriage by an infected mate and in pregnancy by an infected mother to her unborn child.
- rarely spread by indirect means such as drinking glasses, dishes, lipstick, razors, and toilet seats.

Symptoms: Acquired Syphilis - The germ of syphilis enters the body through a break in the skin or unbroken mucous membrane. The break in the skin, however, needs only to be very tiny. The organisms travel by the lymphatics to the bloodstream and to every part of the body where they multiply rapidly. The incubation period ranges from 10 - 90 days with an average of 3 weeks. Left alone and untreated it becomes a chronic systemic disease. It may be communicable to others for about 5 years if surface lesions are present. Beyond that period of time the infection usually persists in the person for many years but the communicability of the disease to others is almost nonexistent with the possible exception of the untreated syphilitic mother who may infect her unborn child.

Stages In The Development of Syphilis

A - Early - Primary stage

- Point of entry of the organisms into the body develops an open sore called the chancre.

Chancre:

- this is the first lesion of syphilis and is usually painless.
- it appears from 10 - 90 days after sexual or other exposure with an average time of 3 weeks.
- in a woman it may be internal and hidden and thus escape her notice.

- it is more obvious in a male as his sex organs are external.
- the nearby lymph glands may be swollen.
- the chancre may last from several days to several weeks but will eventually heal spontaneously.
- the organisms from the chancre which have been distributed throughout the body by the blood, have been multiplying all this time. Then appears--

Secondary stage:

About 4-8 weeks after the chancre, signs may appear such as a skin eruption or rash, which may be marked, or slight, or not even appear to be noticed by the victim.

- other signs or symptoms that may appear:
 - mucous patches usually found on the genital organs or in the mouth (these patches are especially dangerous as they swarm with organisms; hence, kissing if mucous patches are present is often a means of spreading the disease.)
 - sore throat
 - headache (of the "splitting" variety)
 - fever
 - pain in the bones and joints
 - swollen lymph glands

This stage of syphilis varies in both appearance and intensity in different persons. In some persons there may be no noticeable signs

or symptoms. When present, these signs and symptoms will disappear of their own accord after a period of weeks. They may recur however, over a period of about five years.

These two stages comprise the most communicable and most curable periods of infection.

The body, as is usual in infectious diseases, tries to build up defenses against the disease. In syphilis, these defenses are not so strong as in some diseases and future immunity is almost nonexistent. This may be the reason why scientists have not been able to develop an immunizing procedure such as we have for smallpox.

The blood also reacts to the organisms and, gradually, changes appear which can be detected by special tests. The blood is negative during the period before the chancre and becomes positive gradually about a month later.

If treatment is started, the process of whatever body resistance is being built up is interfered with; hence, when treatment is once started, it should continue without a break until the patient is considered cured by the doctor.

B - Latent

The disease, after the symptoms have disappeared, goes into a stage of quiescence for years.

This period is called the latent stage. The only means of detecting the presence of the disease then is by the blood test which will be positive.

In about one-half of the untreated cases, and even in a few

of those under treatment the disease may show itself in severe damage to any part of the body, any organ, or any tissue.

C - Late

The manner of striking late in the course of the disease is usually that of slow deterioration which may result in death from heart disease or insanity with little or no warning.

The disease in this stage produces disastrous effects, of which some are:

- to the brain, causing insanity (paresis.)
- to the spinal cord, causing a peculiar stumbling walk, (locomotor ataxia or tabes dorsalis.)
- to the heart, causing a form of heart trouble.
- to the eyes, causing blindness.

These late damages often become a cause of death.

Congenital Syphilis

Congenital means "to be born with." This type of syphilis is found in a baby born of a syphilitic mother. Another term sometimes used is prenatal syphilis.

A mother may very easily infect her baby if her syphilis is early and untreated. Even if she has been treated, there is a possible chance that her baby may not be adequately protected. That is why a syphilitic woman is usually treated during each succeeding pregnancy. Doctors usually don't want to take a chance of having the tragedy of a syphilitic child.

By the fifth month of pregnancy, the condition of the placenta is such that the organisms of syphilis can penetrate the wall and thus infect the unborn child. Treatment started by the fifth month and carried on through the remainder of the pregnancy usually assures the mother of a live baby free of syphilis.

Effects of an untreated pregnancy may be:

- abortion
- miscarriage
- stillbirth
- or birth of a syphilitic baby.

Babies born with syphilis react much as do adults with various intensities. Some have or develop the characteristic symptoms of syphilis soon after birth; others show no signs, and evidence may appear only later in adolescence, manifested in deafness, blindness or insanity.

Conenital syphilis is preventable. If every pregnant woman who has syphilis would be treated adequately and early during her pregnancy, congenital syphilis would practically disappear.

Diagnosis: Syphilis is usually diagnosed by the doctor by several means as:

a. History of patient--

- with the cooperation of the patient, much help can be had from answers to pertinent questions.

b. Clinical examination--

- by a careful physical examination the doctor notes evidence of the disease such as any signs present.

- by this, he is helped in the diagnosis of the stage or type of syphilis present.

c. Darkfield examination--

- the special darkfield microscopic attachment is used.
- the live organisms will be seen as pale moving organisms against a black background.
- specimens are secured from chancres, mucous patches, or any early lesion.
- useful for diagnosis in the early weeks of the disease, as the blood, then, is usually negative.

In the usual laboratory method of examining organisms under the microscope, they are placed on a slide and stained by means of various techniques so as to distinguish them. In the ordinary microscope, light passes up through the slide and germs and then through the lenses to the eye. In the case of the syphilis organisms, which cannot be stained successfully, it becomes necessary to use another means of viewing them. This is accomplished by means of the darkfield microscopic attachment.

The darkfield microscope is made up of a regular compound microscope with an added attachment - the darkfield condenser. This condenser, by means of its special arrangement of lenses, doesn't let the light go up through the organisms but throws the light across them. The spirochetes reflect this light and, as a result, appear as light organisms against a black background. This same effect is seen in a room when a slanting ray of light shows up the dust particles in the air along the beam of light.

d. Serological or blood test--

- many types of blood tests are used. Any standard one is acceptable.

- after a few weeks, changes in the blood due to the organisms, show up and the blood gives a positive reaction.

- repeated tests are made on persons showing positive tests to rule out any possible error.

e. Spinal fluid tests--

- especially useful to determine whether the central nervous system is affected.

- every person with syphilis should have a spinal fluid test done to prevent the damaging effects to the central nervous system of late syphilis.

Usually, a combination of the above means is used to determine the presence of the disease, to follow the progress of treatment, and to determine cure.

From this discussion we can see that self-diagnosis and treatment is dangerous and foolhardy.

Only a doctor can diagnose. Only he has the means and ability to observe and interpret signs and symptoms of disease.

The quack, the druggist, friends, or oneself cannot do it.

Treatment:

- early syphilis is curable in almost 100% of the cases.

- in the late stages, treatment prevents further damage to the body.

"The encouraging point is that by use of the newer treatments, patients with paresis now recover mentally at five times the rate they did in 1926. The death rate has been cut in half since the introduction of fever therapy."-- Parran and Vonderlehr

- regular treatment is important in order to prevent a flare-up of the disease (called a relapse), and damage due to late syphilis.
- as symptoms disappear early in treatment, the patient may be misled into thinking he is cured. Discontinuing treatment then is dangerous as the disease is still entrenched in the body.
- untreated and inadequately treated syphilis are both dangerous.
- drugs used are compounds of arsenic, given by injection into a vein of the arm, and bismuth into the hip muscles. These are usually given by weekly or semiweekly injections.
- the plan of treatment varies according to the individual case and the stage of the disease.
- length of time for cure of early cases is usually from 6 months to 1-1/2 years. However, it is only by repeated checking by the doctor that cure is determined.
- other treatment plans of shorter length are not in general use at present as they require special treatment facilities and need further scientific investigation. These include the so-called "short" cures and the use of new drugs such as penicillin.

Page 27 missing

In Hawaii

Number of Cases of Some Communicable Diseases
in the Territory of Hawaii for the Fiscal Years
Ending June 30 of the 8-Year Period -- 1937-1944.

Influenza	38,069
Measles	19,763
Mumps	10,052
Gonorrhea	3,656
Whooping Cough	3,050
Chicken Pox	7,314
Syphilis	7,051
Tuberculosis (Respiratory)	6,353
Pneumonia (Lobar)	1,809
Dengue	1,569
Diphtheria	770
Typhus fever	656
Tuberculosis (other forms)	612
Typhoid Fever	426
Leprosy	312
Poliomyelitis (Infantile Paralysis)	255
Scarlet Fever	206
Tetanus	179
Ophthalmia Neonatorum	42
(Gonorrhea inflammation of the eye of the newborn)	

-- Figures secured from the Board of Health

There were 433 deaths from syphilis out of a total of 4,455 deaths from all communicable diseases in the 8-year period (1937-44).

-- 1 out of every 7 blind persons is blind because of a venereal disease.

-- 1 out of every 10 persons admitted to the Territorial Hospital was there because of syphilitic damage to the brain.

"Of all first admissions (a total of 3,253) to the Territorial Hospital from July 1, 1923, to June 30, 1940, the percentage with syphilis in one form or another was 17.9%."

"10% of all admissions were in the hospital as a direct result of syphilis." -- Kepner

This last percent coincides with the national figure.

Control and Prevention:

By legislation:

- prenatal - In 1943, the Territorial legislature passed a prenatal law providing for compulsory blood tests for syphilis of all pregnant women. In Hawaii the year before, more than 50 syphilitic births were recorded in the Territory. The new law will help correct this needless condition.

- ~~premarital~~ - requiring blood testing for syphilis before marriage of the parties concerned. Hawaii, at present, does not have this law.

- others:

as providing financial support of programs that include clinics, free drugs, the control of quackery, and the elimination of prostitution, on national, state or territorial and community levels.

"Under the National Venereal Disease Control Act of 1938, Federal funds may be used by the state health departments for the purchase and distribution of drugs to physicians for the care of their patients suffering with syphilis or gonorrhea. In the past, the cost of these drugs constituted one of the most serious obstacles to treatment of the low-income patient."-- Parran and Vondelehar

By health services:

laboratory and clinic facilities; finding cases and keeping them under treatment.

By education:

- of the physician and nurse concerning new medical developments.
- of youth in schools.

- of the adult public.
- of the patient.

"The first job in syphilis control is to teach."
-- Parran.

Effects and Costs:

Syphilis:

- is responsible for a large percentage of insanity, paralysis, heart disease (late syphilis of the cardiovascular and nervous systems.)
- may cause blindness (from interstitial keratitis of congenital syphilis and also optic atrophy of acquired syphilis.)
- may damage other parts of the body as bones, liver, kidneys, (late syphilis.)
- is the cause of many children being born dead or diseased (congenital syphilis.)

"Like tuberculosis, the disease strikes at the most vigorous and productive age -- that of the wage earner, the young mother, the young professional man or woman. There is more of it among men, at the rate of 6 for every 4 women infected. One-half of all new infections occur in the age group 20 to 30."
-- Parran and Vonderlehr

- causes loss of time from work due to illness from the disease or time needed for treatment.
- costs of the long treatment are rather high.
- costs for free clinics must be borne by the taxpayer.
- costs are paid as taxes to maintain institutions necessary for its victims and for the national, state, territorial, and community control programs.

"This is a public problem since 9 percent of all persons receiving hospital care for paresis are in tax-supported institutions -- Federal, state, county, and city." -- Parran and Vonderlehr

"Paresis is an economic problem since the estimated annual loss in this country is 77,074 years' work of men in the productive period of life and 24,597 woman-years. Loss of income, based on the earnings of patients before they became incapacitated, is estimated at \$113,000,000 each year. Because many of the women were not wage earners, no attempt was made to put a money value on their loss of income while sick with paresis." -- Parran and Vonderlehr

- causes financial losses to industry through compensation and hospital costs of accidents caused by syphilitic workers.
- causes loss of income during illness especially from the damages of late syphilis.
- lessens our war effort through decreased man power --
 - a. in the first 2,000,000 selectees, 90,000 were found to be syphilitic.
 - b. loss of time from active service of the armed forces ill or under treatment.
 - c. loss in production due to lessened efficiency.
- is a threat to the happiness of the home by affecting husbands, wives, and children. It may become a cause of breaking up the home.

The Scandinavian Example. The Scandinavian program of finding infected cases, treatment of them, and public education was thoroughly carried out before the war. This program was successful in reducing the venereal disease rate to a new low level. The Scandinavian law makes treatment mandatory. Force has been unnecessary in the control of syphilis perhaps because the Scandinavian has a high regard for law.

In 1738, in Denmark, the first legal steps were taken to control syphilis.

In 1790, free treatment was provided.

In 1874, treatment was made compulsory.

In 1910, treatment was made compulsory in Sweden.

By 1933, the rate for syphilis in Scandinavia had fallen from the 1919 rate as follows:

	<u>Rate Per 100,000 Population</u>	
	<u>1919</u>	<u>1933</u>
Denmark	119	20
Sweden	97	7
Oslo, Norway	300	30

What Can Be Done?

Syphilis and gonorrhea are "everybody's business." We need to know about these diseases so that all of us can give support to programs aimed at controlling them. We should also know that tax money is being used for the financial support of institutions for the victims of venereal disease. It should also be mentioned here that syphilis and gonorrhea are saboteurs of our war effort by reducing the striking force of the armed services and the productive capacity of industry. We should support legislative measures designed to control these diseases with our voting power. Greater cooperation is needed from the public if we are to succeed in the fight against these serious menaces to our community health.

Pages 33-34 missing

Diagnosis:

a. Clinical examination and the taking of the person's history by the doctor.

b. Smear -- microscopic examination --

A Gram stain is made of the slide on which a little of the pus is placed. Diagnosis is made by finding the characteristic organisms.

c. Culture --

This is a further aid to diagnosis. The organisms are grown on special media in the laboratory and checked further by special tests.

Treatment:

Early cases: The use of penicillin, which is given by injection, quickly gives remarkable curative results. The sulfa drugs, which are given by mouth, also are used in the treatment of early cases. Chronic or resistant cases: The fever treatment gives good results for this type of case.

The cessation of the discharge does not necessarily mean that the patient is cured. So long as the organisms are present, the person is infectious. By repeated examinations the doctor determines cure.

The sulfa drugs are potentially dangerous and may cause damage to the body such as damage to the blood or kidneys. A doctor carefully checks patients who are given sulfa drugs so that damage will not be caused. Self-treatment, or dependence on druggists or friends for advice in place of a doctor is a dangerous and foolhardy thing to do.

Untreated chronic gonorrhea may become very resistant to treatment.

Extent and Seriousness of the Problem:

In the United States

- 1,000,000 estimated new cases yearly.
- A very common disease, estimated to be 2-3 times more common than syphilis.

"Actually more people in the United States suffer from gonorrhea than from any other dangerous disease. Only measles and the common cold are more prevalent. Like syphilis, it runs in epidemics by intimate contact from person to person." -- Parran and Vonderlehr

In Hawaii

In the 8-year period 1937 - 1944:

- Gonorrhea ranked number 4 in the list of all communicable diseases.
- 8,656 cases reported during that time.
- In the Territory of Hawaii for the fiscal year 1942-43, there were approximately five new cases of gonorrhea to one early case of syphilis reported to the Board of Health. (4.8 to be exact) -- Board of Health
- 10 deaths were recorded, of which 2 were from Ophthalmia neonatorum (gonorrheal inflammation of the eyes of the newborn.)

Effects and Costs:

- It is a cause of later invalidism in women and the cause of many operations.
- It is an important cause of sterility in infected men and women through the closing of the passages for the spermatozoa or ova.
- It is a cause of blindness in newborn babies through infection of the eyes at birth. It may cause blindness in adults

through accidental infection of the eyes.

- It may disable by affecting the joints, or by damaging the heart.
- It causes great loss of time from work with accompanying loss of earning power as it is a very common disease.
- Gonorrhea doesn't often kill.

In many respects, gonorrhea has many features which parallel those of syphilis. Their mode of transmission is similar. Measures previously described for the control of syphilis are also applicable for gonorrhea. In a control program, education occupies a very important position. In both diseases, the individual is expected to assume his share of the responsibility in getting under treatment and protecting others from these diseases which have both individual and social implications.

Things Worth Emphasizing About Gonorrhea:

- Women are not so apt to be aware of the presence of the disease as are men because their sex organs are internal, and the urinary passage is separate from the genital passage.
- Men are more aware of the presence of the disease because of the painful urination, as their sex and urinary passages are the same.
- Untreated gonorrhea becomes chronic and may cause serious effects in the body.
- There is danger of blindness to babies born to mothers with gonorrhea.

23

- Gonorrhea, unlike syphilis, is contagious throughout the course of the disease.

- There is no accepted blood test for the detection of the disease as is the case for syphilis.

"Research goes on constantly to find a test for the detection of acute and chronic gonorrhea which is as adaptable to public use as the blood test for syphilis."-- Parran and Vonderlehr

- Most cases respond to the sulfa drugs with quick cure.

Penicillin cures even more quickly.

- Only a doctor can determine the presence of the disease and treat it.

- Quackery, self-treatment, and reliance for help from friends are dangerous and ill-advised.

50

Summary of Some Points Worthy of Emphasis Concerning VD

1. The usual method of transmission of venereal diseases is by intimate contact; the danger from nonsexual contacts is slight.
2. The diseases are serious because of their damaging effects when either untreated or poorly treated.
3. These are "tricky" or insidious diseases with symptoms often confused with other diseases. In many cases, the usual symptoms are slight and may be even lacking.
4. Reliance should be placed on adequate diagnosis and treatment by a qualified private doctor or clinic and not by self-treatment, advice from friends, druggists, or quacks.
5. Along with the teaching of sound facts, some reteaching to correct students in respect to erroneous information must be done.
6. The present generally accepted methods of treatment are the longer ones but the future may see possible modification.
7. The appearance of symptoms following illicit or promiscuous sex or other intimate contacts should be suspected.
8. VD is "everybody's business" in a community, not just the business of the person who contracts the disease.
9. VD should be considered as a communicable disease problem--communicable, preventable, controllable and curable.
10. Congenital syphilis is one type of syphilis that can easily be prevented.
11. The weapons are at hand to fight these diseases. It is up to the public to insist that VD be reduced to minor significance.

The individual must assume his share of responsibility and help to break the chain of infection.

Can the venereal diseases be reduced to very minor significance?

Yes--the weapons are at hand:

We know the cause.

We can prevent them.

We can detect their presence.

We can cure them.

What is needed now is the full use of every available resource. Only through cooperation can we hope to relegate these diseases to a place of minor significance.

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DIVISION OF PUBLIC EDUCATION
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104

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TEACHING AIDS

Suggested List of Items
to be Covered in Venereal Diseases

- I. What are the causes of syphilis and gonorrhea?
- II. How may they be spread?
- III. (a) What are their symptoms?
(b) On what signs and symptoms and following what types of contacts should adequate medical advice be sought?
- IV. How are these diseases diagnosed?
(a) What laboratory methods are used?
- V. (a) How are these diseases treated?
(b) Why must they be treated?
(1) What are some of the effects of syphilis and gonorrhea on the individual?
- VI. Why do these diseases constitute so serious a health problem here and on the mainland?
(a) How prevalent are they?
(b) What are some of their costs to the individual, the community and the nation?
- VII. What measures can be used to control these diseases?
(a) Why is education a vital and necessary weapon to combat them?
(b) What has been the story of the Scandinavian countries in venereal disease control?
(c) What are the ways the community and nation can combat the venereal diseases?
(d) Have we the means to wipe them out?
- VIII. What responsibility does an individual have to oneself and the community with respect to these diseases?

Some Questions Often Asked
About Venereal Diseases

Some representative questions frequently asked by teachers and students on both the university and secondary levels are given below. In most cases, the answers are incorporated in the material given in the section on VD information. The questions and their answers as such are to be found in the Teacher's Kit, or may be secured from the Division of Health Education, Department of Public Instruction, Honolulu 4, T. H.

1. What are the venereal diseases?
2. Are there other venereal diseases besides syphilis and gonorrhea?
3. What is syphilis?
4. How fast does syphilis spread if it gets into the body?
5. From the time the germs of syphilis get into the body, how long does it take before the symptoms appear?
6. How can a person tell if he has syphilis?
7. Could people have syphilis and not know it?
8. What are the symptoms of syphilis that should cause a person to go to a doctor?
9. When the symptoms of early syphilis disappear, is the person cured?
10. What happens to a person with syphilis if he never gets treatment?
11. Does treatment stop the spread of syphilis in the body of the person with the disease?
12. If it is true that after treatment of syphilis is started a person is safe so far as others are concerned, why does he need to take such a long treatment?
13. If a person has syphilis and is taking treatment, could he give it to another person?
14. If a person has syphilis and has completed his treatment, could he give it to another person?
15. After syphilis has been cured, will it flare up again?
16. Can a person with syphilis cure himself?
17. When does a person know he is cured of syphilis?

18. What are the so-called "short cures" for syphilis?
19. Is syphilis hereditary?
20. Is syphilis related to leprosy?
21. What is congenital syphilis?
22. How does a mother pass on syphilis to her unborn baby?
23. If a mother doesn't have syphilis, can the baby be born with syphilis?
24. What are the effects of congenital syphilis on the baby?
25. If a baby has congenital syphilis, could others get syphilis from him?
26. How is congenital syphilis treated?
27. Can congenital syphilis be cured?
28. How can congenital syphilis be prevented?
29. If a child in school has congenital syphilis, can others get syphilis from him?
30. If a child with congenital syphilis grows up and has never had any treatment, can he give his congenital syphilis to others?
31. Why, then, should he take treatment?
32. Can a mother who has congenital syphilis pass it on to her unborn child?
33. Is a pregnant woman in Hawaii required by law to have a blood test for syphilis?
34. What is gonorrhea?
35. From the time the germs of gonorrhea get into the body, how long does it take before the symptoms appear?
36. How can a person tell if he has gonorrhea?
37. Could people have gonorrhea and not know it?
38. When the discharge of gonorrhea stops, is the person cured?
39. When does a person know he is cured of gonorrhea?
40. Can a person with gonorrhea cure himself?

41. If a person has gonorrhea and is taking treatment, could he give it to another person?
42. After gonorrhea has been cured, will it flare up again?
43. What happens to a person with gonorrhea if he never gets treated?
44. Why is it that a man with gonorrhea often has different symptoms and effects from a woman?
45. Why is gonorrhea called the crippler?
46. What are the effects of gonorrhea on a newborn baby?
47. Does syphilis ever turn into gonorrhea?
48. Should a person go to a druggist to seek treatment for either syphilis or gonorrhea?
49. If a person cannot afford to pay a doctor, where can he get treatment?
50. Are all venereal diseases contracted from sexual contacts?
51. Can syphilis or gonorrhea be contracted from kissing, dishes, towels, or toilet seats?
52. Does a person with syphilis or gonorrhea have to be isolated?
53. Which is worse -- syphilis or gonorrhea?
54. What are some other names for syphilis? Gonorrhea?
55. Is case reporting and follow-up required of venereal diseases?
56. Is venereal disease kept confidential between the doctor and the patient?

Suggested for Senior High School Level:

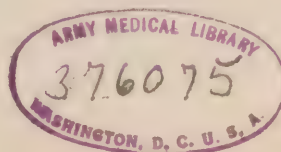
Test on Venereal Diseases

The following tests are not designed to be considered as standard ones but to present some various types, suggestive and to be adapted by teachers for various teaching needs.

Note: In questions 1 to 12, inclusive, there may be more than one correct answer to each question.

Check those items that are correct.

1. Syphilis can be diagnosed by:
 - a. darkfield microscopic examination
 - b. Gram smear
 - c. culture of pus
 - d. blood test
2. The germ causing syphilis is called:
 - a. Staphylococcus albus
 - b. Neisseria gonorrhoeae
 - c. Treponema pallidum
 - d. Plasmodium vivax
 - e. Streptococcus haemolyticus
3. This drug is used to cure gonorrhea:
 - a. mapharsen
 - b. bismuth
 - c. boric acid
 - d. penicillin
 - e. atabrine
4. Gonorrhea is important because:
 - a. it produces disability in its victims
 - b. it is the "great imitator"
 - c. it is very prevalent
 - d. it kills thousands yearly
5. In educating about syphilis and gonorrhea, we should:
 - a. regard these diseases as preventable, controllable, curable
 - b. consider them to be a sin and a disgrace
 - c. learn the facts about them
 - d. speak in a hushed voice about them
6. The drugs used in the treatment of syphilis are:
 - a. arsenical drugs
 - b. quinine
 - c. bismuth
 - d. sulfanilamide
 - e. epsom salts



7. Early syphilis:

- a. responds quickly to treatment
- b. is communicable
- c. can be cured by drugstore remedies
- d. may go unnoticed because of lack of symptoms

Mark with an X those items that are true, and with an O, those that are false.

8. If a person has had untreated syphilis for 15 years:

- (O) a. he is considered in a contagious stage
- (X) b. he should be checked for damage to his nervous system and heart
- (X) c. there is a possibility that he may have shown no effects from the disease
- (X) d. treatment will stop the progress of the disease

9. In early syphilis, these are the symptoms often seen:

- (X) a. rash on body
- (O) b. high blood pressure
- (X) c. sores
- (O) d. insanity
- (O) e. stumbling walk

10. With congenital syphilis in a newborn baby:

- (X) a. care should be taken as the sores are contagious
- (X) b. treatment is necessary and should be given
- (O) c. it means the mother did not have syphilis
- (O) d. silver nitrate drops will prevent blindness due to syphilis

11. Some effects of gonorrhea on its victims are:

- (O) a. insanity
- (X) b. inability to have children
- (O) c. deafness
- (X) d. blindness in newborn babies

12. These are common signs of gonorrhea:

- (X) a. pain on urinating (men)
- (O) b. a discharge of blood
- (X) c. a discharge of pus
- (O) d. a cough
- (O) e. rash on the skin

Opposite these statements, write the letter S if it refers to syphilis; or write the letter G if it refers to gonorrhea.

- 13. Often called the "great imitator" S
- 14. Often called the "great sterilizer" G
- 15. Kills many thousands yearly S
- 16. May cause deafness and blindness in children born with it S
- 17. Treatment usually takes 70 weeks S
- 18. Usually noncontagious after 5 years S

19. Spiral, moving organisms S
20. Mother infects her child before birth through her blood S
21. Presence of the chancre S
22. Silver nitrate drops in the eyes prevent blindness in babies due to it G
23. Its germ attacks only the mucous membranes G
24. Its germ may enter through broken skin S
25. If untreated, may cause insanity in later years S
26. Diagnosis made by smears and cultures of the pus G
27. Blood test used for diagnosis S
28. Spinal fluid tested to see if the germs are causing damage to the central nervous system S
29. One symptom is a discharge of pus G
30. Prenatal laws S
31. Treatment by injections S usually, G (penicillin)
32. Beanshaped germs occurring in pairs G

Matching. Place the number in the parenthesis () which matches the person with his work.

- | | | |
|---------------------|------|---|
| 33. Thomas Parran | (39) | made a blood test for syphilis |
| 34. John Hunter | (37) | brought syphilis to Europe |
| 35. Albert Neisser | (36) | proved gonorrhea and syphilis two separate diseases |
| 36. Philippe Ricord | | |
| 37. Columbus | (33) | Surgeon General |
| 38. Ehrlich | (34) | confused syphilis and gonorrhea |
| 39. Wassermann | (35) | discovered the germ of gonorrhea |
| 40. Schaudinn | (40) | discovered the germ of syphilis |
| | (38) | found a cure for syphilis |

True-False. In the space to the left of each statement, write in the words true or false.

- | | |
|----------|--|
| <u>F</u> | 41. The germ which causes syphilis lives a long time when exposed to air and drying. |
| <u>F</u> | 42. Syphilis is a disease found only among the poorer people. |
| <u>F</u> | 43. All cases of venereal diseases are caused by sex contact. |
| <u>T</u> | 44. If a woman has syphilis, she can give it to her unborn child. |
| <u>F</u> | 45. Syphilis is hereditary, that is passed on for generations. |
| <u>T</u> | 46. Syphilis is most commonly spread by intimate sex contact. |
| <u>T</u> | 47. The germ of syphilis is a corkscrew shaped organism. |
| <u>T</u> | 48. The symptoms of early syphilis will eventually go away even if no treatment is taken. |
| <u>F</u> | 49. After 10 years, untreated syphilis is still communicable. |
| <u>T</u> | 50. Kissing is another common way of spreading the germs of syphilis. |
| <u>T</u> | 51. If a mother with syphilis takes treatment from the fifth month of pregnancy on, she will have a good chance of a healthy child free from syphilis. |
| <u>F</u> | 52. Sores and rashes can always be found on people who have syphilis. |
| <u>T</u> | 53. If there are syphilitic sores on the lips, kissing will spread the germs. |
| <u>T</u> | 54. If no treatment is taken, the sores and rashes of early syphilis will disappear. |

- F 55. A doctor can always tell if a person has syphilis by his looks.
- T 56. If a person has gonorrhea once and is cured, he will never get it again for he has become immune to it.
- F 57. The treatment of gonorrhea is a very long one.
- T 58. Syphilis and gonorrhea are two separate diseases.
- F 59. Venereal diseases are frequently spread by means such as toilet seats, drinking cups, lipstick, and towels.
- F 60. If a person has syphilis once, he can never get the disease again.
- T 61. Gonorrhea, if it is not treated, may sometimes make men and women unable to become parents.
- T 62. Congenital syphilis is not communicable to others after about five years.
- F 63. A woman with congenital syphilis will have syphilitic children.
- T 64. If a person cannot afford to pay for treatments for syphilis or gonorrhea, it is possible for him to get free treatment.
- T 65. Syphilis can usually be cured if treatment is given early.
- F 66. A mother with untreated syphilis usually gives birth to a healthy baby.
- T 67. Late syphilis often attacks the heart or the brain.
- T 68. It is estimated that there are more cases of gonorrhea in the United States than syphilis.
- F 69. All persons in Hawaii who get married must have a blood test before they can get a license.
- T 70. Hawaii has a law which requires a blood test of a pregnant woman when she first goes to a doctor.
- T 71. Records of venereal diseases are kept confidential between doctor and patient.
- T 72. Untreated syphilis carries on its unnoticed work of damaging the body for years.
- F 73. A person will always know whether he has syphilis.
- T 74. Some people may have syphilis without any symptoms.
- T 75. Gonorrhea may be a very painful disease.
- T 76. The greatest number of cases of venereal diseases is acquired in the age group 18-25.
- F 77. It is true that "gonorrhea is no worse than a bad cold."
- T 78. It is possible for a person to have syphilis and gonorrhea at the same time.

Questions

1. Which one of the two most common venereal diseases is caused by *Treponema pallidum*?
2. (a) What is congenital syphilis?
(b) Acquired syphilis?
3. What does the abbreviation VD mean?
4. How does the estimated number of cases of gonorrhea compare with that of syphilis in the United States?
5. What was the contribution of each of these men in the scientific fight to control syphilis and gonorrhea?
 - (a) Wassermann
 - (b) Ehrlich
 - (c) Schaudinn
 - (d) Neisser
 - (e) Ricord
6. How can congenital syphilis be prevented?
7. List several ways a doctor may use to diagnose syphilis.
8. (a) How long is a case of untreated syphilis considered to be contagious to others?
(b) Gonorrhea?
9. How dangerous are toilet seats as a means of spreading syphilis? Gonorrhea?
10. Can syphilis be inherited?
11. Why are silver nitrate drops put in the eyes of newborn babies?
12. What are the years when syphilis is most commonly acquired?
13. Name 3 effects of untreated syphilis in the late stage in the victim.
14. How are venereal diseases most commonly spread?
15. (a) What drugs are generally used to treat syphilis?
(b) Gonorrhea?

Answers

1. Syphilis.
2. (a) Syphilis passed by the mother to the baby before birth.
(b) Contracted after birth, usually in early adulthood.
3. Venereal disease.
4. Estimated to be 2-3 times more common than syphilis.
5. (a) Worked out a blood test for syphilis.
(b) His arsenic compound, salvarsan or 606, was a cure for syphilis.
(c) Discovered the cause of syphilis.
(d) Discovered the germ causing gonorrhea.
(e) Proved syphilis and gonorrhea to be two separate diseases.
6. Blood test early in pregnancy and if positive, sufficient, regular treatment during remainder of pregnancy.
7. (1) patient's history
(2) physical examination
(3) darkfield microscopic test
(4) blood test
(5) spinal fluid test
8. (a) up to 5 years
(b) so long as the germs of gonorrhea are present.
9. Very seldom a cause of spreading venereal disease.
10. No. If a woman is adequately treated, her children will be free from the disease. Syphilis, if it is found in children, is considered to be a prenatal infection.
11. To prevent blindness resulting from the gonorrheal infection at birth from the mother.
12. 18 - 25 years
13. Insanity, paralysis, heart disease
14. Sex contact
15. (a) compounds of arsenic and bismuth.
(b) sulfa drugs; less frequently, penicillin

Suggested for the intermediate school level:

What Do You Know About Venereal Diseases?

1. What is meant by VD?
2. What are the most common venereal diseases?
3. What is the cause of syphilis? Gonorrhea?
4. What are some common symptoms of syphilis? Gonorrhea? In cases of the diseases, do these always appear?
5. How are the venereal diseases spread? How dangerous are drinking glasses, handshaking, and toilet seats in the spread of syphilis and gonorrhea?
6. Why is a blood test useful?
7. Show why syphilis and gonorrhea are serious diseases.
8. Why should an expectant mother have a blood test? Does Hawaii require this?
9. Why do many states require a blood test of persons getting married? Does Hawaii do this?
10. Are there many cases of syphilis and gonorrhea in Hawaii?
11. What is congenital syphilis?
12. What may happen to a person who has syphilis and isn't taking treatment?
13. If gonorrhea is not treated, what may happen to the person?
14. Can syphilis and gonorrhea be cured?
15. What is being done to control these diseases?

Test On Venereal Diseases

1. Are syphilis and gonorrhea the same disease? No
2. Can syphilis turn into gonorrhea or gonorrhea into syphilis? No
3. Can syphilis be cured if treatment is started early? Yes
4. If a woman has syphilis and isn't taking treatment, could she give syphilis to her baby before it is born? Yes
5. Does Hawaii have a law requiring a blood test for syphilis of every pregnant woman when she first visits her doctor? Yes
6. Does Hawaii have a law requiring a blood test for syphilis of persons getting married? No.
7. Can one tell by a person's looks if he has syphilis? No
8. Are syphilis and gonorrhea often spread by toilet seats, shaking hands, and drinking glasses? No
9. A person can get cures for both syphilis and gonorrhea from a druggist or home remedies. No
10. If a pregnant woman with syphilis takes regular treatment from the fifth month of her pregnancy, will she have a good chance of a live baby born free of syphilis? Yes
11. Can people have syphilis without knowing it? Yes
12. Are these the early signs of syphilis -- a sore where body contact was made and later a rash appearing on the body? Yes
13. Can untreated gonorrhea make a man or woman unable to become a parent? Yes
14. If a person with syphilis stops taking treatment before the doctor says he is cured, may he later develop such serious things as blindness, heart trouble, insanity, and crippling? Yes
15. Does gonorrhea usually have a discharge of pus and causes pain when the person passes urine? Yes

Answer these statements with the right word or words:

16. Syphilis and gonorrhea are also called the venereal diseases.
17. Gonorrhea can be cured by penicillin, sulfa drugs.
18. One way a doctor finds out if a person has syphilis is by physical examination with blood test, darkfield examination.
19. Two parts of the body often affected by untreated syphilis which has been in the body a long time are the heart and central nervous system (brain and spinal cord.)
20. In your community, where can a person who has syphilis and is unable to pay get treatment? Find out from Board of Health, the clinics; government physician.

Lantern Slides

The slides listed below are available without charge at the Division of Health Education, Department of Public Instruction, Honolulu 4, T. H.

SET I -- One set of 60 lantern slides (2" x 2")
black and white, consisting of printed material and illustrative material, follows the text of "Some Dangerous Communicable Diseases," a manual for teachers and students from the American Social Hygiene Association.

SET II -- Another set of 15 lantern slides (2" x 2")
in color, shows symptoms and some effects of syphilis. The typed set of legends that will accompany these slides should be used with them.

Films

The films listed below may be borrowed without cost from the Public Health Education Office, Board of Health, Honolulu, T. H., (Phone 54921; local 237), or from the Board of Health offices at Hilo, Hawaii; Wailuku, Maui; and Lihue, Kauai.

On Oahu, an operator and projector are also available if arrangements are made in advance of the proposed showing.

Fight Syphilis

A one-reel, 16 mm. motion picture with sound; running time approximately 12 minutes; suitable for mixed groups of high school age; produced by the U. S. Public Health Service.

This picture has a strong overtone of the relationship of syphilis to national defense. A disabled veteran of World War I, who was struck down by the enemy -- the spirochete of syphilis -- is shown wistfully watching a parade of World War II soldiers. Where the fight against this enemy is carried on -- in the laboratory with its tests and in the doctor's office and clinic with its treatment -- is shown. The weapons by which the disease can be fought are given.

Some aspects of the community problems, as the spread of the disease by the tavern and the pick-up, and the problem of the quack with his useless medicines are contrasted with the venereal disease clinic whose treatments will prevent the casualties from syphilis on the home front of blindness, insanity and disability.

Clearly syphilis is shown as an important saboteur of the war effort. In 1917, the fact that 7,000,000 man days were lost from active duty because of syphilis is given.

We are advised that people must learn to go to the proper places for medical aid. The waste caused America from this disease must be stopped. The picture closes with the statement that we can lift the "shadow on the land" from the homes of America if we fight syphilis.

Discussion Leads

These questions are suggested as a means of encouraging classroom discussion following the showing of the film.

1. What had happened to the veteran of World War I as shown in the picture?
2. Where is the fight against the disease syphilis carried on?

3. What weapons are used to fight syphilis?
4. Why is syphilis considered a saboteur of our war effort?
5. In the last World War, how much time was lost by the army because of syphilis?
6. What is meant by the "shadow on the land"?

Suggested Pamphlets for Further Reading

Venereal Disease and National Defense - U.S. Public Health Service.

Gonorrhea and Syphilis---Saboteurs of Our National Industry - Massachusetts Society for Social Hygiene.

Fight Syphilis (Expanded 20-minute version)

This film, produced by the U. S. Public Health Service, is a longer version of a film with the same title. It is a one reel, 16 mm. motion picture with sound; running time approximately 20 minutes. It is suitable for mixed groups of high school age.

The tragedy of congenital syphilis resulting in a dead baby is shown in a dramatic, forceful way in the opening scenes by the two fathers in the hospital waiting room. Another portrayal shows the effect of syphilis on the heart resulting in sudden collapse.

The film develops the theme that syphilis is a community problem and as such must be fought "among the people and by the people." The facilities which may be provided by the community as clinics, blood tests, follow-up workers and education are given as ways of fighting the disease. The payments that are exacted by syphilis in the relief programs, and the cost of maintaining institutions for the blind, insane and crippled victims of the disease bear out the statement that "it takes more money not to cure syphilis than to cure it."

Syphilis is shown as a sniper behind the lines by causing a lessening of the war effort in industry and the armed forces. Since the disease is acquired in the community and not in the camps, syphilis must be fought in the community and by the community in order for us to maintain production, have security, do work, and attain the joy of living.

Discussion Leads

These questions are suggested as a means of encouraging classroom discussion following the showing of the film.

1. What would have prevented the tragedy of the baby born dead in the opening episode of the picture?
2. Who are the ones "who promise cure but never cure"?
3. What is the community's job in the fight against syphilis?
4. What facts are given in support of the statement: "It takes more money not to cure syphilis than to cure it."
5. How is syphilis a drain on the nation's manpower?

Suggested Material for Further Reading

Out in the Open - VD Education Institute, Raleigh, N.C.

Some Questions and Answers on Venereal Disease - Division of Health Education, Department of Public Instruction, Honolulu 4, T. H.

Some Facts and Figures on Various Phases of Venereal Diseases - Division of Health Education, Department of Public Instruction, Honolulu 4, T. H.

Health Is A Victory

The story of the fight against gonorrhea -- one-reel motion picture with sound, 16 mm.; running time approximately 12 minutes; suitable for mixed groups of high school age. This production was supervised by a special committee of the American Social Hygiene Association.

The story opens with the employees of a large industrial plant gathering to hear a doctor explain briefly the facts in the fight against gonorrhea. He stresses the importance of knowledge as a weapon against this serious, dangerous disease. Some of the different coccus type of germs are shown in relationship to the various diseases they cause.

The gonococcus, the germ of gonorrhea, is described more fully as to characteristics and behavior. The historical highlights in the search for facts about gonorrhea are given.

The doctor explains the symptoms and effects of gonorrhea and shows by diagrams why this disease is the "great sterilizer." How gonorrhea is spread is illustrated by diagrams. The "prevention of blindness in the newborn by placing drops of a silver solution in the eyes is shown. The treatment of gonorrhea by the sulfa drugs and fever treatment is carefully explained with emphasis on the danger of the sulfa drugs in self-treatment.

The avoidance of quacks is brought out. Good sound advice is given as to the need of adequate medical help. Gonorrhea can now be cured quickly as a rule.

The seriousness of gonorrhea as to incidence is shown by comparison with diagrams of other diseases as tuberculosis, scarlet fever and diphtheria.

The need to replace ignorance with sound facts and for the public to consider this disease as a serious, dangerous one is emphasized.

Discussion Leads

The following questions are suggested as a means of encouraging classroom discussion and emphasizing some of the important points following the showing of the film.

This film portrays facts and figures in the fight against syphilis.

1. What is the cause of gonorrhea?
2. Why is this disease called the "great sterilizer"?
3. What are some of the effects of this disease on its victims?
4. Why was the silver solution put into the baby's eyes?
5. What part did Hunter, Ricord, and Neisser play in the search for knowledge about gonorrhea?
6. Is gonorrhea curable? Of what does the treatment consist?
7. How is this disease spread?
8. How serious a disease is gonorrhea? How does it compare with some other diseases?
9. What does the doctor in the film have to say about self-treatment and quacks?

Suggested Pamphlets for Further Reading

Facts About Gonorrhea - American Social Hygiene Association.

20 Questions on Gonorrhea - U. S. Public Health Service.

Gonorrhea - Massachusetts Society for Social Hygiene.

Gonorrhea the Crippler - U. S. Public Health Service.

Know for Sure
(Revised Version)

This is the revised version of the adult male film of the same name.

A one-reel, 16 mm. motion picture with sound; running time approximately 12 minutes; suitable for mixed groups of high school age; produced by the U. S. Public Health Service.

In a dramatic, forceful story of the ravages of syphilis, well-acted by professional Hollywood actors, four episodes -- Tony and his son that syphilis killed; Steve and the sore that wouldn't heal; Jerry, the athlete, who took a chance and lost; and Mr. Spencer whose legs didn't get any better -- are unfolded.

The doctor in the story relates each episode to the various aspects of syphilis as symptoms, spread, effects, treatment and control of the disease. He brings out the fact that many human tragedies as so-called heart attacks, mental breakdowns and such may be rightly laid to the door of syphilis. The need to break the chain of infection, as each case results in more, is clearly brought out. Quackery with its approach and methods used to fool the public is shown. The advice that no quack can cure and only a doctor can diagnose and cure syphilis is given.

Discussion Leads

1. What is congenital syphilis? How was the story of Tony related to this? Why were Tony and his wife so willing to follow the doctor's advice and continue treatment?
2. What is the value of a blood test as shown by the story of Steve?
3. What are some of the effects of untreated syphilis on its victims?
4. What are quacks? Can they cure syphilis?
5. What does a darkfield examination show? When is it used in the diagnosis of the disease?
6. How may syphilis be spread?

Suggested Pamphlets for Further Reading

Syphilis--The Great Imitator - Metropolitan Life Insurance Co.

What You Don't Know Can Hurt You - U. S. Public Health Service.

You Can End This Sorrow - U. S. Public Health Service.

Are You Being Played for a Sucker? - U. S. Public Health Service.

Let's Open Our Eyes

This film on syphilis is a one-reel motion picture with sound, 16 mm., running time approximately 12 minutes and suitable for mixed groups of high school age.

The opening scenes of this picture deal with two items that have proved obstacles in the fight against syphilis -- false modesty and the hush-hush policy. Hindrances to real cures as indifference, morbid fear and drugstore treatments are shown. Facts and figures are given to show the seriousness of the disease and the need for attention to it.

A chancre, the first sign of the disease, is shown with the performing of a darkfield examination on it. The value of a darkfield test is compared with the blood test.

Answers are given to these questions: Is cure possible? How can the disease be conquered? What are some of the effects and costs of the disease? How can we control syphilis?

This film, though not one of the recent ones, has an excellent sound track and presents a well-rounded picture of syphilis.

Discussion Leads

The following questions are suggested as a means of encouraging classroom discussion and emphasizing some of the important points following the showing of the film.

This film deals with the problem of syphilis.

1. What is mentioned as the biggest factor in the spread of syphilis?
2. What is the first sign of syphilis? What is its appearance?
3. How is the presence of syphilis detected by the doctor?
4. Why is a darkfield examination of such great importance? Compare it with the blood test.
5. What are the chances of cure in early syphilis?
6. How can the disease be conquered?
7. What are some of the effects and costs of syphilis?

Suggested Pamphlets for Further Reading

Jerry Learns a Lesson--Keep Away from Quacks - American Social Hygiene Association.

The Doctor Says - U. S. Public Health Service.

Questions and Answers about Syphilis and Gonorrhea - American Social Hygiene Association.

With These Weapons

A one-reel, 16 mm. motion picture with sound; running time approximately 12 minutes; suitable for mixed groups of high school age. This production was supervised by a special committee of the American Social Hygiene Association.

The search for knowledge about syphilis, the greatest plague of modern times, is shown in the laboratories of Schaudinn, Bordet and Wassermann, and Ehrlich. The prevalence of this disease is graphically given. The narrator then outlines some of the effects of syphilis such as heart disease, insanity, broken homes. Costs are compared with wars, fires and floods.

The weapons at hand are shown as part of the fight to spread knowledge and to overcome ignorance, the greatest ally of syphilis. The means of diagnosis that a doctor uses -- the clinical history, the thorough physical examination with the darkfield microscopic examination, and the blood test -- are shown clearly. The need of cooperation between the infected person and the doctor is explained. Then the modern treatment with its greatest success of cure early in the course of the disease is given. The need of regular treatment and the length of its course is stressed. The spread of syphilis is shown by diagrams. In maps of the United States, the states with prenatal and premarital laws are shown.

The picture closes with the ways that yet face us in our fight against syphilis with the need for knowledge of the facts about this serious disease.

Discussion Leads

These questions are suggested as a means of encouraging classroom discussion following the showing of the film.

1. What part did these men play in the fight against syphilis --
 - (a) Schaudinn
 - (b) Bordet and Wassermann
 - (c) Ehrlich

2. How widespread is this disease?
3. What may be some of the effects of syphilis if it is not treated?
4. What means does a doctor use to find out if a person has the disease?
5. What is the treatment of syphilis?
6. Discuss the various weapons we have to fight and control this disease.

Suggested Pamphlets for Further Reading

Syphilis--Its Cause, Its Cure, Its Spread - U. S. Public Health Service.

Facts About Syphilis - Metropolitan Life Insurance Co.

Let's Black Out Syphilis - Metropolitan Life Insurance Co.

It Can Happen to You - U. S. Public Health Service.

Pertinent Poster Facts

Posters can be used as an effective part of visual education. However, some thought needs to be given to their use so that students may receive the message intended by the poster.

Frequent change of posters on a bulletin board, use of few posters at a time rather than many, and attention drawn by the teacher to the key points of the posters make them more meaningful. Even in the posters that seem self-evident, we need to make certain that students do not read false messages in them.

As a result of teacher requests for these poster facts, a few items are prepared as a suggestive help with the classroom use of posters on venereal disease which have been sent to the secondary schools.

Venereal Disease Institute, Raleigh, N. C.

VD Graphic 4 - "America Needs Strong Men and Women"

Syphilis and gonorrhea constitute the number one wartime health problem of America. These diseases are a threat to us in wartime as they cripple the striking power of our armed forces and cut down the production of our industries through the loss of time of those infected with these diseases.

The patriotic colors of red, white and blue bear out this need for attention to these saboteurs of national defense.

VD Graphic 6 - "Gonorrhea can be Cured Quickly, Painlessly, Cheaply"

The former long, painful treatment has now been replaced by the sulfa drugs, as sulfathiazole, which cure 80% of the cases during the first month. However, these drugs are not safe for self-treatment and should be taken only under doctor's orders as they may do serious damage to the body.

VD Graphic 8 - "Both of These Men Had Syphilis"

Continuous treatment of weekly injections under doctor's care is the generally recommended treatment for syphilis at this time. If a person completes his treatment, he usually cannot infect his wife and thus their children when born will be free from syphilis.

The opposite is true. If a person with syphilis doesn't take his shots (injections of drugs), the germs are not killed and he may later have effects such as blindness and crippling shown in the poster.

VD Graphic 24 - "If You Have Syphilis, Your Future Depends on Regular Treatment"

The same is true of this poster as of the preceding one. Blindness and crippling may result from syphilis inadequately treated.

VD Graphic 31 - "Gonorrhea can be Cured Quickly, Cheaply, Painlessly with a New Drug"

The old scene, as shown crossed out, of a person crippled from gonorrhea is now no longer true. With the new sulfa drugs, as sulfathiazole, the disease can be cured in 80% of the cases usually in a month.

U. S. Public Health Service, Washington, D. C.

#12 - "Syphilis--Untreated and Treated Mothers"

This shows why prenatal laws are passed. If a mother with syphilis is untreated, she has only 2 chances in 10 of a live, healthy baby. If she is treated adequately, she has 9 out of 10 chances of a live, healthy baby free from syphilis.

#13 - "Know for Sure--Get a Blood Test for Syphilis"

Representing a blood test by means of a rubber tourniquet on the arm, this poster shows the importance of it as a means of telling whether a person has syphilis. However, the blood test is not the only means of knowing whether a person has syphilis. The doctor will also use other methods.

#14 - "Make our Men as Fit as our Machines"

As syphilis can often be detected by a blood test, that is one of the things represented in this poster by the tourniquet on the arm and the syringe. With late syphilis, damage to the heart is often the result. Here the check-up of the heart is shown.

There are also other after-effects so a complete physical check-up should be given.

#15 - "No Home Remedy Ever Cured Gonorrhea"

Only by doctor's orders can gonorrhea be treated. Self-treatment is dangerous. Drugstore remedies may be dangerous or else useless. Warning against quackery is given here.

#17 - "Know for Sure--Get Blood Tests Before Marriage"

This shows the need for premarital laws. The bridegroom carrying his bride across the threshold of her new home, according to the age-old custom, is shown. If both persons are blood tested to show freedom from syphilis, then their children will be born free from syphilis. If the man is infected, his wife will have a good chance of getting the disease. A great many wives have been so infected.

American Social Hygiene Association, 1790 Broadway, New York, N. Y.

Set I - Posters Included in Teacher's Kit

#1 - "Health is a Patriotic Duty--Keep Fit" Venereal disease is an important saboteur of the war effort both in the armed forces and in industry.

#2 - "A Blood Test and Examination Protects Your Health and Family."

#3 - "Syphilis Can be Cured." If treatment is started early in the course of the disease, the chances of cure are better.

#4 - "Two Men who had Syphilis." This contrasts the effect of adequate treatment with cure, and no or poor treatment with such disastrous after-effects as crippling.

#6 - "We are Helping to Stamp Out Syphilis." The doctor and the nurse are among those participating in the program to control the venereal diseases. The doctor, who diagnoses and treats the disease, and the nurse, especially the public health nurse who often checks on follow-up and contacts, are important parts of the community program to control the venereal diseases.

Set II - Posters Not Included in Teacher's Kit

The following set of posters is more self-evident than the one mentioned above.

#1 - "Syphilis and Gonorrhea." This shows the effects of venereal diseases on people -- syphilis kills, both cripple and disable, both destroy homes through infected mates and children born with the diseases, and both waste manpower in industry through loss of time due to illness.

#2 - "From Time Immemorial." The effect of venereal diseases during wars is graphically shown. As usual, during wartime the venereal disease rates rise. The present World War II is no exception.

#3 - "Still at the Top of the Sick List." This shows the loss of time in the Army and Navy due to illness because of venereal diseases. It also shows the encouraging fact that the venereal disease rate for World War II is lower than in World War I.

#4 - "Costs to the Public." The costs as blindness, insanity and illness are given. The staggering costs of \$300,000,000 per year to the nation are given.

#5 - "Diseases of Youth." Venereal diseases are most often acquired by the young adult. The effect upon our war manpower is shown by VD figures found in examinations of the first two million selectees.

#6 - "The Plan of Action." It would be interesting to check this poster with the U. S. Public Health Service pamphlet, "Syphilis and Your Town." This poster shows the need of a well-balanced community program to meet the various aspects of the venereal disease problem.

Radio Transcriptions

The following pages present a description of the radio transcriptions available to those schools in the Territory having public address systems equipped with turntables that operate at the rate of 33 revolutions per minute. These are 10-inch records and the running time is 15 minutes to a side. These transcriptions are probably more effective if used in classrooms or in small groups. They may be secured from the Office of Public Health Education, Board of Health, Honolulu, T. H., (telephone 54921, local 237). There is no charge for the use of these transcriptions. They should be reserved in advance.

Available transcriptions include: "Ought to be a Law," "Our Town is Your Town," "Some of Your Business," "Story of a Young Man," "Story of Your Town," "This is my Son," "Shadow over the House," and "The Long Search."

Some of the statistics mentioned in these transcriptions were accurate for the time the records were made. Since that time, marked progress has been made, notably in reduction of the number of babies born yearly with congenital syphilis (from 60,000 to 36,000), and in the increase in the number of states having prenatal laws (which now number 30).

Caution: These records cannot be played on an ordinary phonograph turntable which operates at 78 revolutions per minute.

Ought to be a Law -- U. S. Office of Education with the U. S. Public Health Service, Program No. 3

The character, Dr. Service, outlines some of the killers in America and the fighters against them. The battle for health, part of which is legislation against syphilis, is presented. The need for such laws is shown by the figures and facts about syphilis as to prevalence and effects. The 5-day treatment is mentioned in the discussion. The question of whether syphilis is hereditary or congenital is discussed.

The types of laws needed as premarital, prenatal, and laws providing funds for syphilis control as the Federal Venereal Disease Control Act of 1938, are expanded with their needs, values and advantages pointed out.

A careful, thoughtful presentation is made to show the need for legislation as a means for control of syphilis.

Our Town is Your Town -- U. S. Office of Education with the U. S. Public Health Service, Program No. 4

The character, Dr. Service, gives some figures from Our Town, U. S. A., on syphilis:

Population of town	100,000
No. of syphilitics	5,000
No. who die from heart disease due to syphilis	36
No. youngsters born blind or crippled	50

Dr. R. A. Vonderlehr, Assistant Surgeon General of the U. S. Public Health Service, speaks on the general plan of syphilis control -- finding cases, treating them, and educating the public. He describes the mobile clinics of the South, the so-called "Bad Blood Wagon."

He outlines the points of a good community educational program, state or town, as:

- trained public health staff in venereal diseases.
- full-time venereal disease offices.
- required reporting and follow-up on cases.
- privacy and uniform methods of reporting.
- patients assured of good treatment, free if necessary.
- proper diagnosis with proper physical examination and blood tests.
- distribution of free anti-syphilitic drugs to clinics and doctors.
- blood tests for every expectant mother.
- blood tests before marriage.
- public education with adequate information.

The theme of education against syphilis as the business of every town is carefully presented in a straightforward way.

Some of Your Business -- U. S. Office of Education with the U. S. Public Health Service, Program No. 5

The dollar and cents picture of the venereal disease situation in the United States is presented.

In a dialogue, the characters, Dr. Service and Dr. Thomas, bring out the cost in lives and effects of syphilis as example, paresis. The costs to the pocketbook, as money spent by the American people on quacks with an expose of their methods and treatments, money spent on relief cases caused by syphilis, and also the actual cost per person on syphilis control, are given.

A dramatic insert of a person who went to a quack for 15 years for useless medicines and finally in despair killed the quack is presented.

The need for qualified medical advice, good diagnosis, education, and laws are given in a summary of a good syphilis program. Contrasted with these are ignorance and superstition.

Thus affecting us all in dollars and cents, the problem of syphilis becomes "some of your business."

Note: The three records, Programs 3, 4 and 5, start out the same way but each then develops different themes.

Story of a Young Man -- U. S. Public Health Service

This presentation opens with a darkfield microscopic description of the syphilis organism. The dramatic story of Eddie, a young man with syphilis, is then given. Eddie, ashamed, first goes to a quack who true to form diagnoses it on sight, promises disappearance of symptoms, and gives some worthless medicine.

Later Eddie goes to a real doctor who carefully explains symptoms with their later disappearance and the need for adequate medical advice and treatment. The need for a blood test is given. The doctor answers these questions about syphilis for Eddie: Can he be cured? Can he marry and have children? Can he hold his job?

Later, on completion of his treatment, Eddie is shown as about to be married.

The danger of ignorance and quackery with the need of adequate knowledge and early treatment about syphilis is brought out.

Story of Your Town -- U. S. Public Health Service

The character, Dr. MacKenzie, speaks of the people in the town and the need for open discussion about syphilis and gonorrhea. He shows the effect of these diseases on the efficiency and production of a defense boom-town. The dramatic story of Jack, the railroad engineer, who because of the effects of syphilis almost causes a train wreck is given.

Figures from World War I on the effect of syphilis on the army are given. The need and importance of a venereal disease campaign related to the army, navy, and public health, with attention to the problem of prostitution and the need for widespread education for the public are outlined. The need for a home front fight against syphilis for national defense is the keynote of this transcription.

This is my Son (Congenital Syphilis) -- U. S. Public Health Service,
Health for America Series No. 2

This dramatic story told by Sally Green is about her child. As an expectant mother who is told by her doctor after blood tests that she is syphilitic, Sally is informed by her doctor about the effect of good early treatment on the unborn baby and the dangers of untreated syphilis. In dramatic inserts, she visualizes her child born with the disease.

She conscientiously takes treatment. However, these treatments must later be free as she is unable to pay for them. The doctor explains the value of treatment after diagnosis. Sally is rewarded by a healthy baby boy and is prepared to have him checked upon at intervals to insure his freedom from syphilis.

Shadow Over the House (Community Syphilis) -- U. S. Public Health Service
Health for America Series No. 3

This rather dramatic presentation opens with a meeting of the neighbors of a community. The pastor is to present the story of Sam and his son in an effort to show the need for community attention to the problem it raises.

Sam's son had left home suddenly and was later discovered in prison. He refuses a chance of parole to his father and gives his story. Previously he had gone to a trailer on the outskirts of the town and as a result contracted syphilis. As there was no clinic in town and he was without money, he leaves ashamed to seek treatment elsewhere. Later he is sent to prison, although innocent. The reason he didn't want to go home was that in prison he was receiving treatment which he realized to be necessary.

The need for community action to fight syphilis with open eyes and the determination to face the problem openly and boldly is brought out.

The Long Search (Gonorrhea) -- U. S. Public Health Service, Health for America Series No. 6

The historical search for a safe cure for gonorrhea is presented. It starts with the decree of James IV of Scotland sending people with the disease out of Edinburgh. In turn, the following milestones of progress in the fight against the disease are given:

- 1835 - Syphilis and gonorrhea are shown to be two separate diseases.
- 1869 - The description of the gonococcus organism is given.
- 1885 - Experiments prove that the gonococcus organism causes gonorrhea.
- 1935 - The effect of a certain dye is shown on staphylococcal poisoning. The active part, sulfanilamide, proves a cure for pneumonia, spinal meningitis, and child-bed fever. In an American clinic, the experiment with this drug on 47 cases of gonorrhea is given. The effects of sulfapyridine and sulfathiazole with the fever treatment are shown, with the latter combination given as the cure of gonorrhea thus culminating the long search.

Recording *

Pertinent data on the venereal disease problem in Hawaii is presented in this 12-inch record to be played at 78 revolutions per minute. A complete script of the contents of the record follows.

Facing Facts

The venereal diseases are America's Number One communicable disease problem. They are a serious drain upon the nation's manpower in that they reduce the number of men available for the armed services and cut down the efficiency of those already in the forces. Out of the first two million selectees tested, 90,000 were found to have syphilis. In World War I approximately 7,000,000 man days were lost to the U. S. Army because of venereal disease. Some 300,000 troops or the equivalent of twenty-three divisions developed syphilis or gonorrhea. Although the rate for World War II is much lower than that of World War I, syphilis and gonorrhea are still among the chief causes of lost time to the army and navy. Besides lessening the efficiency of our fighting forces, venereal disease hampers war production. It is a cause of absenteeism from work, both because of the diseases and because of their effect on other conditions. Venereal disease imposes a terrific social cost on the community and nation in terms of death, blindness, insanity, paralysis and sterility.

* Samuel D. Allison, M. D., Venereal Disease Control Officer, Territory of Hawaii.

Since the national program devoted to the control of these diseases began in 1936, much evidence has been accumulated, all of which shows the great extent and seriousness of the problem caused by syphilis and gonorrhea. A few years ago Dr. Parran, Surgeon General of the U. S. Public Health Service, stated that one out of every ten individuals in America could at some time in his or her life expect to acquire syphilis. This is probably not an overstatement. It is generally accepted that there are at least a half million new cases of syphilis and over a million new cases of gonorrhea every year in the United States.

Studies made of representative groups on the mainland indicate that of students, 0.4% had syphilis; of nearly a million premarital tests made, 1.4% were positive; of over 200,000 industrial employees and food handlers, a little over 5% had the disease. All available figures for Hawaii indicate that the problem is as serious here as it is in most mainland areas.

In certain surveys made in Hawaii, syphilis was found in 3.6% to 9.2% of plantation employees. Approximately 2% of all selectees had the disease. A study of a small group of male food handlers in Honolulu found 10% of them to be syphilitic. Of the pregnant women examined during the first three months' operation of the new prenatal blood test law, 2,233 tests were made, of which 44 or approximately 2% were found to be positive. Board of Health disease reports of the last seven years in the Territory place gonorrhea and syphilis numbers 5 and 7 respectively in the list of all communicable diseases. To be exact, there were 6,873 cases of gonorrhea and 6,054 cases of syphilis. These diseases were only outranked in numbers by influenza, measles, whooping cough, mumps and chicken pox. Of all the common contagious diseases, syphilis and gonorrhea are far more serious than any other except pulmonary tuberculosis.

The seriousness of these diseases in Hawaii can be seen from the fact that 10% of all admissions to the Territorial Hospital at Kaneohe are due directly to syphilitic damage of the brain. Approximately one out of every seven blind persons in the Territory is blind because of a venereal disease.

The unfortunate thing about the venereal disease situation at the present time is that we have known for many years exactly how to attack the problem. We have known the cause of syphilis since Drs. Schaudinn and Hoffman observed the spirochete in 1905. We have been able to diagnose the disease by the blood test Dr. Wassermann discovered in 1907, and since Dr. Ehrlich developed the drug salvarsan in 1910, we have had a drug which would quickly render syphilis noncontagious and would cure most of the cases. Since 1879, we have known the cause of gonorrhea. For the past six years we have had an effective drug for the treatment of gonorrhea. We have had the solution for the venereal disease problem but have never made the efforts necessary to effect those procedures which would solve it.

There has been some interest in the venereal disease problem in Hawaii for many years. The Palama Clinic has been in operation for the past twenty-two years but from 1929, there had been no appropriation by the Territorial Legislature for the control of the venereal diseases until the 1943 session. Fortunately, the City and County of Honolulu has carried the expense of the Palama venereal disease clinic from 1929 to the present time. Since 1937, Federal appropriations have aided materially in the fight against these diseases in Hawaii.

While it is true that venereal diseases are very seldom acquired by school students, the greatest number of cases of these diseases are acquired between school and marriage. To prepare youth effectively for this period, we must do it while they are still in school.

The late Marshall Foch reputedly stated that "battles are won the day before." So in the battle against the venereal diseases, it is necessary to teach our young people, and the most effective place for that instruction is in the schools.

The solution to the venereal disease problem is clear. We have all the weapons at hand to wipe out syphilis and gonorrhea -- knowledge of how they are spread; adequate diagnostic procedures; effective drugs for their treatment; and methods of preventing them. With effective use made of existing weapons through education, these diseases can soon be reduced to minor significance. While we are now piling up tremendous debts for future generations, one debt we can free them from is the social and economic debt of venereal disease.

Venereal Disease Control *

Syphilis and gonorrhea are among the major disease problems in Hawaii at the present time. Recently, you have read about the fall in venereal disease rates here. Nevertheless, gonorrhea remains one of the most common of all contagious diseases reported to the health department, and of the serious contagious diseases, syphilis is out-ranked only by tuberculosis in its cost to the community. Last year there were 1,106 cases of syphilis and 1,344 cases of gonorrhea reported to the health department. 277 of the cases of syphilis were in the early acute stages of the disease. During the past five years, gonorrhea ranked third and syphilis fifth on the list of all communicable diseases in the Hawaiian Islands. Gonorrhea was exceeded in number only by influenza and whooping cough. There are a few other venereal diseases besides these two, but their incidence is low.

The venereal disease control program in Hawaii is not new. For over twenty years there has been a venereal disease clinic in continuous operation. This clinic was at first financed by the Territorial Legislature; later by the City and County government. Recently, in addition to city and county funds, federal aid has been granted to the clinic. The clinic has been at the Palama Settlement ever since it began.

Since 1937, Board of Health venereal disease rules and regulations have been in effect, and efforts have been made to trace sources of infection and to be assured that adequate treatment is given to all patients. Plantation physicians have been interested in the problem and in certain areas, such as the Island of Lanai, most of the patients with syphilis have been found and have been adequately treated.

During the past year and a half, considerably more emphasis has been directed against the venereal diseases than was true in the past. Since February, 1942, there has been a division in the Board of Health devoted entirely to the control of these diseases, which has worked closely with medical officers of the armed forces, private physicians and local agencies in the promotion and carrying out of activities designed to wipe out syphilis and gonorrhea. Early in 1942, a military order was issued which extended the previously existing regulations concerning these diseases and made a much more effective program possible. When this order was rescinded, along with certain other military orders in March, 1943, it was replaced by a similar order by Governor Stainback.

* Dr. Charles L. Wilbar, Jr., President, Board of Health, Territory of Hawaii. One of a series of Board of Health broadcasts given over Station KGU, October 3, 1943.

Since that time, there have been two major types of activities carried out by the Health Department, the first of which is related to the diagnosis and treatment of early and contagious venereal diseases. The second phase of the program has been devoted to finding the people in the community who have had syphilis for many years and seeing to it that they were provided with the proper type of treatment either through private physicians or, if they were unable to afford private medical care, through free or part-pay clinics.

The first phase of this program is in line with the national effort which includes (1) repression of prostitution; (2) education as to the dangers of syphilis and gonorrhea and the need for continence, or provision of specific information as to how to prevent them through prophylaxis; (3) establishment of prophylaxis facilities in order to disinfect individuals already exposed to possible sources of the diseases; (4) discovery and treatment of early cases of venereal disease; (5) investigation of all early cases in order to locate sources of infection; and (6) adequate treatment of those persons found infected. In the Territory of Hawaii, all of the above methods are being carried out except repression of prostitution, and on Maui that important step has been taken.

The following activities are carried out. Thousands of pamphlets have been distributed to civilians, soldiers and sailors, warning of the dangers of these diseases and giving explicit advice as to how to keep from acquiring them. Many of these pamphlets were purchased from the Federal Printing Office, but recently pamphlets have been designed and printed locally in order to meet our own particular needs.

In addition to the pamphlets, thousands of placards have been produced and distributed where they will be seen largely by male industrial employees or members of the armed forces. Several educational films have been brought to the Territory and shown to many thousands of war workers, as well as having been loaned to the armed forces for widespread presentation. A series of radio transcriptions were obtained from the United States Public Health Service and presented over all of the local radio stations.

The armed forces have provided prophylaxis facilities throughout the islands. Early in 1943, permission was granted by the navy for the health department to publicize these facilities and to make them available to civilians. Later, similar permission was granted by the army. Through widespread use of placards and other educational procedures, a tremendous increase has resulted in the number of people taking prophylaxes.

The keystone of the venereal disease control program is investigating suspected sources of syphilis and gonorrhea -- searching out individuals exposed to disease -- then examining them for the presence of the germs of syphilis and gonorrhea. If these people are found to be infected they are promptly placed under adequate treatment, thus preventing them from further spreading these diseases.

The following story illustrates how this investigative program works toward the prevention of the spread of these contagious diseases:

Recently, a man went into a private physician's office with a sore on his lip. The sore was unsightly and failed to heal. After a thorough examination for the germs of syphilis under a darkfield microscope and a blood test, the doctor diagnosed the sore as due to syphilis. The health department was asked to aid in finding out where the man contracted his disease. The public health nurse assigned to the case located the girl who was named as the source of the infection. This girl was found to have syphilis in its highly contagious secondary stage. This girl named three men with whom she had had contact. Two of those contacts were not available for investigation. The third was a known case of early syphilis under treatment by a private physician. He had, however, lapsed from taking his treatment so the public health nurse returned him to his own physician and also inquired as to where he might have obtained his infection. This man named a girl who upon investigation was found to have syphilis in its first or primary stage. This latter girl named as men to whom she had been exposed the man who had named her and in addition, a man in one of the armed services. That particular branch of the service was requested to examine the boy, who developed syphilis during his period of examination.

It is a health department responsibility to locate and examine all such sources of infection reported either by civilian physicians or by the armed services. During the past year many hundreds of such cases have been investigated, and those individuals found infected have been placed under effective treatment. This type of case investigation has uncovered a number of small epidemics of gonorrhea and syphilis and, by placing the infected individuals under medical care, has quickly brought the epidemics to an end.

The second phase of the venereal disease control program is that of seeing to it that people who have had the disease for many years receive adequate and prolonged treatment. This aids in preventing the insanity, blindness, heart disease and other late serious results of syphilis. Individuals found to have positive blood tests through selective service examinations, through school surveys, through the examination of potential blood donors and through examination of certain groups of employees are referred to the Board of Health for investigation. Here they are interviewed and referred for proper treatment. Many hundreds of such people have been directed to physicians and clinics for medical care. This treatment has prevented (and will continue to prevent) much blindness, insanity and heart disease.

So that all patients in Honolulu may get adequate treatment, the Board of Health cooperates with Palama Settlement in operating a clinic where patients unable to pay for private medical care may receive treatment. Similar clinics are in operation at Wailuku, Maui, and Hilo, Hawaii, and in addition large numbers of patients are being treated by government physicians. One particularly effective service rendered by the health department in the territory is that of the investigation of

cases of private physicians when these patients stop taking treatment before they are cured. Several hundred syphilitic patients under treatment by over a hundred different physicians are being followed by the Board of Health to better ascertain that these patients take regular treatment. This service is provided upon the request of the individual physician and is a great aid in encouraging the regular treatment of all patients.

Hawaii is cooperating in the national venereal disease control program. The cost of the enterprise is being shared by the national and territorial governments. Nearly all phases of the joint agreement of the War and Navy Departments, the Federal Security Agency, and the State and Territorial Health Officers are being carried out. Hawaii is in line with the mainland prenatal blood test laws which largely prevent the birth of children with syphilis.

Venereal disease rates in the Territory of Hawaii are declining. Regardless of the decline in rates, the number of cases that continue to occur keeps gonorrhea and syphilis among the most serious menaces to community health. Hawaii is making progress but more progress can be made. With full public support, continued major strides can be made against the venereal diseases.

Social Hygiene *

Observance of Social Hygiene Day on February 2, 1944, is being planned by the Social Protection Committee of the Honolulu Council of Social Agencies. Governor Stainback, in proclaiming Hawaii's observance of the day, stated:

"The health and welfare of all citizens during a time of war are subject to many hazards. Throughout the nation the results of wartime tensions are revealed in a rising trend in juvenile delinquency, more family breakdowns, increase in venereal disease, and individual maladjustments. Social hygiene represents a strong force in combatting these problems, for it seeks to conserve the family and to help the individual in meeting the health and emotional problems which characterize the war period.

"National Social Hygiene Day on February 2, is intended to call attention to the need for community action in meeting these problems and to stimulate an awareness of our responsibilities, as citizens, in meeting such problems.

"On February 2, the organized forces of medicine, education, science, social service, religion, and other community organizations will join in considering social hygiene in relation to other community and social problems including juvenile delinquency, family breakdown, public health in relation to the control of venereal diseases and law enforcement."

* Dr. Charles L. Wilbar, Jr., President, Board of Health, Territory of Hawaii, January 30, 1944.

The Governor has stated the broad implications of social hygiene.

The Board of Health is particularly interested in the observance of Social Hygiene Day, as it calls attention throughout the nation to the venereal disease problem. The health department is glad to cooperate with the Council of Social Agencies in the observance of this day, not only because of its concern with venereal diseases but also because the social implications of juvenile delinquency, family breakdowns and emotional maladjustments are closely related problems.

When the national program devoted to the control of the venereal diseases began in 1936, the advisory committee on this subject to the United States Public Health Service made the statement that "the informative and educational program against the venereal diseases is, in many respects, its most important phase."

In Hawaii, a broad educational program has been started. This has been directed both toward professional people and toward the general public. During the past two years, the Board of Health has sponsored lectures to all the county medical societies in the Territory and has provided a series of films for use by these societies. In addition, the Honolulu County Medical Society has presented a series of lectures in order to acquaint the physicians of the community with the newer aspects of the diagnosis and treatment of the venereal disease. Venereal disease material has been presented to the staff nurses of local hospitals. Public health nurses throughout the Territory have participated in staff conferences related to these diseases.

The adult education program has used practically all available methods of getting information to the public. Papers written by health department personnel have been reprinted in local newspapers and magazines. The press has been most cooperative in aiding the Board of Health to inform the general public about the venereal diseases. The barriers against the use of the words syphilis and gonorrhea have been broken down so that now these words can be openly used. All of the radio stations in the Territory have cooperated with the Board of Health in the presentation of a number of broadcasts on venereal diseases. The time for these programs was generously donated by the radio stations in the interest of community health. The Board of Health has also sponsored the showing of films, the presentation of lectures and the distribution of pamphlets. These films, lectures and pamphlets have reached many thousands of workers engaged in war projects.

It is probable that a reasonably good job of adult education has been done in this area. There have been two major difficulties in the process, however.

When Henry Kaiser built a Liberty ship, he recognized the need for a firm foundation, something stable to tie to, a base on which to assemble the hull and support the superstructure of his ship. In building a ship, it is necessary first to lay the keel. In educating people about the venereal diseases, we must also lay a stable keel--a firm foundation

on which to build. Much of our effort toward adult education has been dissipated. We have built on the shifting sands of inadequate knowledge, lack of information regarding basic biologic principles and vocabulary deficiencies. To reap full benefit from our adult educational program it is necessary to lay a keel of basic knowledge, to allay the fears aroused by old wives' tales and to instruct people at an early age when prejudices are not too firmly fixed. As yet, this has not been done effectively.

The second deficiency of the adult education program is that the venereal diseases are generally diseases of young adults, contracted usually between high school and marriage. Most of the methods used for adult education reach the adult at a period too late in his life to protect him from the venereal diseases. It is apparent that we must reach the young adult. To educate youth, we naturally turn to those most proficient in the education field -- the school teachers in the Territory.

Social Hygiene Day, observed on February 2 of this year, stresses the fact that health is a powerful weapon against the aggressors, a weapon indispensable to victory. The fight to preserve health is an essential part of our war effort.

Some Common Questions About the Venereal Diseases *

ANNOUNCER: Is the venereal disease problem in Hawaii big enough to be considered serious?

DR. ALLISON: The venereal disease problem here is a serious one. In the first place there are a large number of cases of these diseases and in the second place, they can be extremely serious. During the past seven years in the Territory of Hawaii, only two diseases have outranked the combined venereal diseases in number -- influenza and measles. In actual rank of all communicable diseases, gonorrhea is fifth on the list and syphilis, seventh. From the standpoint of numbers alone the venereal diseases must be considered among the most important of health problems.

ANNOUNCER: Just how serious are these diseases?

DR. ALLISON: In addition to occurring in large numbers, both syphilis and gonorrhea can be extremely serious. Gonorrhea may cause arthritis, blindness, and result in childless marriage. Syphilis is extremely serious. Many of its victims die of syphilitic heart disease, others go blind, and still others go insane. As a matter of fact, 10 per cent of all admissions to the Territorial Hospital at Kaneohe are due directly to syphilis. One out of every seven blind persons in the Territory is blind because of either syphilis or gonorrhea.

* Samuel D. Allison, M.D., Venereal Disease Control Officer, Board of Health, Territory of Hawaii, April 16, 1944.

ANNOUNCER: We hear a great many stories about the relationship of venereal diseases to other diseases and the ease with which they can be acquired. Can the venereal disease be transmitted by any other means than sex contact?

DR. ALLISON: Yes, sometimes they can. Gonorrhea in adults is in nearly 100 per cent of the cases a sexually acquired disease. On the other hand, the gonorrhea germs can get into the eyes of newborn infants and cause blindness. That is the reason the law requires that silver nitrate drops be put into the eyes of all newborn babies. Thanks to the use of silver nitrate, blindness in the newborn due to gonorrhea rarely occurs at the present time. Syphilis, however, can be transmitted through other means than sexual contact. There are probably at least 35,000 babies born in the United States every year with syphilis. About one out of every twenty persons with syphilis acquires his disease through close nonsexual contact, such as kissing. Cases are recorded of dentists who have acquired the disease from working in the mouths of patients with infectious syphilis. There is a recorded instance of seventeen youngsters having acquired syphilis through playing a kissing game.

One of the best examples of how syphilis may be transmitted is the story of the elderly professor who went to a doctor's office for a skin rash. The doctor recognized the rash as that of syphilis but couldn't see how the elderly professor acquired the disease. The doctor gave the professor a blood test and it came back positive. The professor was then asked to bring his wife in for an examination and the wife, an elderly woman, was also found to have the disease. Where could this elderly couple have acquired syphilis? To make a long story short, it was found that a few weeks before they developed the rash, they had visited the home of their daughter and son-in-law. On further investigation it was found that the daughter, the son-in-law and a grandchild all had syphilis. The son-in-law had acquired his syphilis shortly before marriage, had taken a few injections and thought he was cured. Following this he married the professor's daughter and she acquired syphilis through marriage. She became pregnant and gave birth to a child with syphilis. The grandparents acquired their disease from kissing the child. This story illustrates nearly all of the common ways of getting syphilis. In the first instance the son-in-law acquired his disease through premarital sex relations. He in turn infected his innocent wife. She then transmitted her disease to her baby, and the grandparents acquired their infection through kissing the baby.

ANNOUNCER: Where do most people acquire their venereal diseases?

DR. ALLISON: Most commonly from illicit sexual relations. In Hawaii, most men acquire their infections from prostitutes.

ANNOUNCER: Could you tell us something about a blood test? Just what is a blood test, anyway?

DR. ALLISON: There are a great many types of blood tests. In addition to the blood test for syphilis, other tests are for the purpose of finding out the type of blood, such as is done at the blood bank; to determine how much iron there is in the blood or whether certain infections exist. The blood or serologic test for syphilis, commonly known as the Wassermann test, is for one purpose only -- that of detecting syphilis. Such a test can be obtained from your family physician.

ANNOUNCER: A few weeks ago I had a blood test for syphilis. How long will I be assured that I will be free of the disease?

DR. ALLISON: If a person's blood test is negative and he is not engaging in illicit intercourse, he can be assured usually that he will continue free from syphilis. If on the other hand he is engaged in illicit intercourse, there can be no certainty that the disease cannot be acquired at any time.

There are certain times when blood tests should be taken. All adults should have one test to be sure that they have not acquired the disease earlier in life. All applicants for marriage should have a test so that if one or the other applicant is infected, treatment can be given and the other not infected. An extremely important time to have a blood test is during pregnancy. Women who have syphilis and who take treatment for syphilis during pregnancy can be assured, in nearly all instances, of having a baby born free from the disease. On the other hand, if treatment is not taken the mother stands a seven out of eight chances of having a baby born dead or syphilitic.

ANNOUNCER: If blood tests are so good, why should not every one have one?

DR. ALLISON: It is our hope that some day everybody will have the necessary blood test to discover syphilis. During the past two years we have seen what one hundred per cent health measures can do for the community -- Hawaii has no smallpox because everyone is vaccinated. Typhoid fever has been nearly eliminated from the community because of total immunization. The island of Lanai has practically wiped out syphilis through testing most of the population and treating those found infected. I don't know of any place in the United States where syphilis can be more effectively attacked than here in Hawaii. One state, Alabama, already has a law demanding that all people between the ages of 14 and 50 have a blood test. By such a procedure there is no reason why syphilis could not be almost completely eradicated from this area.

ANNOUNCER: Is there such a thing as a one-day cure for syphilis?

DR. ALLISON: At the present time syphilis can be cured in one day, five days, six months or a year and a half. The only trouble with one-day and five-day treatments is that they are dangerous. With the present six-month type of treatment, syphilis can be cured fairly quickly and of more importance, safely. While the very rapid types of treatment undoubtedly will cure most cases, they are too dangerous for ordinary use.

ANNOUNCER: Is penicillin accepted as a cure for the venereal diseases?

DR. ALLISON: Present information indicates that penicillin is a one hundred per cent cure for gonorrhea. So far not enough cases have been treated with it to know what is going to happen over a long period of time. When the sulfa drugs came out they cured most cases of gonorrhea but with the passage of time, many cases of gonorrhea resisted them. The same may happen with penicillin. We hope not but it is too early to say.

Penicillin has been used experimentally in the treatment of a few cases of syphilis. The results so far are encouraging but as yet we don't know whether the drug will be as good as the present treatment.

ANNOUNCER: Is it possible to exterminate the venereal diseases?

DR. ALLISON: I feel that the venereal diseases can be wiped out. This will be a difficult job but the elimination of other communicable diseases has also been difficult. The island of Lanai has practically wiped out the venereal diseases. Only through the admission of infected people from the outside can the disease be spread in that area. During the last year there were several months when no contagious venereal diseases were reported for Maui County. Selectees in New Hampshire have one-one hundredth of the amount of syphilis that occurs among negro selectees in Florida. Prior to the war Sweden had only about one-hundredth of the amount of syphilis which existed in a comparable population in New York.

The venereal diseases can be exterminated, or if not exterminated can be reduced to diseases of minor significance. I know of no better place in the world where this can be done than in the Territory of Hawaii.

Penicillin, A Cure for Gonorrhea *

ANNOUNCER: Newspapers recently came out with the news that penicillin is to be used in the fight against gonorrhea in Hawaii. A leader in the fight against venereal diseases in Hawaii is Dr. Samuel D. Allison, Venereal Disease Control Officer of the territorial Board of Health.

MR. W. TATE

ROBINSON: In writing about penicillin recently, TIME magazine had this to say: "Under the aspect of eternity, the medical news might even be more important than the military." It must be a fabulous drug indeed to merit such praise. Whose "brain-child" is this new drug?

DR. ALLISON: The drug was discovered by an Englishman, Dr. Alexander Fleming. He was growing some very common germs in his laboratory one day and noticed that a mold had spoiled one of his cultures. The peculiar thing about this mold was that where it grew none of the germs grew. Eventually it was found that this mold, Penicillium notatum, could be used to produce a material which would kill many kinds of germs.

MR. ROBINSON: Just what germs does penicillin attack?

DR. ALLISON: So far penicillin has been found effective in the treatment of skin infections, hemolytic streptococcic infections, such as septic sore throat, pneumonia, all gonococcic infections that sulfa drugs will not cure, and many other infections. It may be of some value in the treatment of syphilis and bacterial endocarditis. However, there needs to be much more experimentation before its value in the treatment of syphilis will be clear.

MR. ROBINSON: I noticed, Dr. Allison, that you called the drug penicillin. Just what is the correct pronunciation of the word? I've heard it called peni'cillin.

DR. ALLISON: I don't know the correct pronunciation of the word. As far as I know the pronunciation has not been standardized. Some people like the expression "peni'cillin" to avoid confusing the word with the name of the common mold penicillium. As penicillin is made from the mold Penicillium notatum, many people feel that the refined product should be called "penicillin." It does not matter what we call it, it works effectively and that is what we are interested in.

* Samuel D. Allison, M.D., Venereal Disease Control Officer, Board of Health, Territory of Hawaii, June 18, 1944.

MR. ROBINSON: I understand that the Board of Health has acquired penicillin for the treatment of all cases of gonorrhea in the Territory. How did the Territory happen to get the drug for this purpose?

DR. ALLISON: It was the feeling of the health department that there was no better place in the country than right here in Hawaii to see whether penicillin could quickly reduce the number of cases of gonorrhea. We have a reasonably good venereal disease control system in operation; there is a very close relationship between the Army and the Navy and civilian venereal disease control programs; and we already have a low gonorrhea rate. It seemed that Hawaii was the best place in the country to try out penicillin in this manner.

MR. ROBINSON: Just how much gonorrhea is there in the Territory? Is it as serious a problem as some people would have us believe?

DR. ALLISON: There are about 100 new cases of gonorrhea reported in the Territory each month. These are the ones we know about. There are undoubtedly far more cases than this, but many of them are never known to the health department. Occasionally the symptoms of gonorrhea are so mild that the person will ignore the disease. This is particularly true among women. Frequently people suffering from the disease will go to the drug store and get patent medicines and treat the disease themselves. Occasionally they will get hold of a sulfa drug for this self-treatment. Some patients will go to the various quacks and an occasional case is seen by a regular private physician that is not reported. We don't know the exact number of cases in the Territory each month but we know that there are more than 100 cases which, incidentally, puts gonorrhea among the leading communicable diseases. During the year 1943, there were more cases of gonorrhea reported in the Territory than any other contagious disease except influenza, whooping cough, chicken pox and mumps.

MR. ROBINSON: Well, how long does it take to cure gonorrhea, Dr. Allison?

DR. ALLISON: The cure of gonorrhea depends on the type of treatment. The sulfa drugs cure a fairly large proportion of the cases within about a week's time. Unfortunately the sulfa drugs do not cure all cases and sometimes they are dangerous to the person being treated. Sometimes these drugs appear to cure the disease, but all of the germs are not wiped out. The disease may then return to the person or may be the source of infection to other people. That is why sulfa drugs should be used only under direction of a physician. Before we had the sulfa drugs, gonorrhea could often be cured quickly by the use of fever. The only trouble with fever was that the body temperature had to be raised to a fairly dangerous level and

it had to be kept there for a long time. The treatment was very uncomfortable and somewhat dangerous. With penicillin, most cases of gonorrhea can be cured within one day and penicillin is safe.

MR. ROBINSON: Where do most people acquire their gonorrhea in Honolulu?

DR. ALLISON: About two-thirds of the men who get gonorrhea in Honolulu attribute their infections to professional prostitutes; about one-third name clandestine prostitutes; a very small fraction of cases are attributed to other women. It might be of interest to our audience that last year 120 professional prostitutes were hospitalized 166 times for contagious venereal diseases. I don't think we have to look much further for our major source of infection.

MR. ROBINSON: You mentioned that many cases of gonorrhea could be cured fairly quickly with sulfa drugs. What are the relative advantages and disadvantages of penicillin as compared with the sulfa drugs?

DR. ALLISON: At the present time the penicillin cures practically all cases of gonorrhea and does it safely. As this drug must be injected it can be given only by physicians. As a consequence, enough of the drug is usually given to completely cure the case. The sulfa drugs, on the other hand, can often be obtained from others than physicians. If the drug is used in too small dosages, the germs become what we call "sulfa-fast"; in other words, the germs grow in the sulfa drug. And on the other hand, if the patient takes too much of the sulfa drug he may be seriously injured. At the present time so many of the strains of gonorrhea are becoming sulfa-fast that we must use other treatment to cure them. So far as we know there are no penicillin-fast strains in the community yet.

MR. ROBINSON: How do you plan to administer the distribution of penicillin in the Territory, Dr. Allison?

DR. ALLISON: The Board of Health is now providing penicillin for the treatment of all cases of gonorrhea. As this drug must be injected at about 3-hour intervals, all patients must be put in a hospital. The usual total time of the treatment takes less than one day in this manner. The very powerful drug is dissolved in a salt solution and about a half teaspoonful of the solution is injected into a muscle every three hours. Penicillin is being distributed for other serious conditions by other agencies other than the Board of Health.

MR. ROBINSON: Why can't penicillin be given by mouth?

DR. ALLISON: The penicillin now available is destroyed by the juices in the stomach, making it necessary for the drug to be injected directly into the body.

MR. ROBINSON: Do you think that penicillin is going to aid you in the fight against syphilis?

DR. ALLISON: There are many indications that penicillin will be an effective drug for the treatment of syphilis. This has not been proved conclusively as yet but a number of well done experiments point that way. In the past, many people acquired syphilis and gonorrhea at the same time. As gonorrhea causes more symptoms at first, syphilis is often overlooked. Perhaps with the penicillin treatment of gonorrhea, we will be able to nip a number of syphilitic infections in the bud.

MR. ROBINSON: This drug is still fairly expensive, I understand. How does the Health Department justify giving this drug to all physicians for the treatment of their patients?

DR. ALLISON: So far penicillin cannot be bought on the open market. The only way physicians can get it for the treatment of gonorrhea is from the Board of Health. We felt that by providing the drug, physicians could treat the patients for much less money than if they had to purchase the drug. A medical society committee has recommended that physicians charge their regular office and hospital prices for the administration of this drug. This will encourage many patients who formerly took treatment from quacks, the local druggists or from friends to go to their doctor. By providing the drug it also enables the Health Department to be assured that all people exposed to the disease will be investigated. We are not going to require that patients be reported by name, but before the drug is given we must be assured that all people whom we call contacts have been investigated. Those found infected will also be placed under treatment. This examination of people exposed to the disease is extremely important for if we can locate all the cases of gonorrhea in the community and their contacts and treat them quickly by the use of penicillin, gonorrhea can be quickly reduced to a minimum. If we lower the number of civilian cases there also will be a sharp drop in the number of cases acquired by servicemen, as nearly all servicemen acquire the disease from civilians.

MR. ROBINSON: How does this new type of treatment tie in with the other phases of the venereal disease control program?

DR. ALLISON: Penicillin is the answer to a venereal disease control officer's dream. In 1937 when the control program began, we had an effective weapon against syphilis but no such weapon against gonorrhea. The venereal disease control program was developed around education and case-finding. Probably the keystone of the whole activity is that of finding the early cases of the disease and making them noncontagious. With syphilis this could be done quickly. One injection of an arsenical would generally make the person free of surface germs; a few injections would make him temporarily noncontagious. His disease would not then be spread to other people and one chain in the course of infection would thus be broken. Unfortunately, this was not possible in the case of gonorrhea. We could find the cases and get them under treatment but there was no way to make them noncontagious quickly. Shortly after the venereal disease control program began, the sulfa drug came into use. With them it was possible to cure a number of cases quickly, but not all cases responded to these drugs. From present indications it appears that penicillin will cure gonorrhea quickly. Thus, every case found and treated breaks one more link in the chain of infection. We must continue our education, continue to tell people how to avoid venereal diseases, encourage laws which will help reduce the infections and continue our case-finding methods. But in addition to all this, we can now cure the cases of gonorrhea reported to us. We sincerely hope that through the use of penicillin, gonorrhea is now finally on the way to being controlled.

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